



GRADUATE SCHOOL
EAST TENNESSEE STATE UNIVERSITY

East Tennessee State University
Digital Commons @ East
Tennessee State University

Electronic Theses and Dissertations

Student Works

8-2017

Evaluating Effective Communication Methods: Improving Internal Communication

Amber L. Suthers
East Tennessee State University

Follow this and additional works at: <https://dc.etsu.edu/etd>



Part of the [Health and Medical Administration Commons](#)

Recommended Citation

Suthers, Amber L., "Evaluating Effective Communication Methods: Improving Internal Communication" (2017). *Electronic Theses and Dissertations*. Paper 3293. <https://dc.etsu.edu/etd/3293>

This Thesis - unrestricted is brought to you for free and open access by the Student Works at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digilib@etsu.edu.

Evaluating Effective Communication Methods: Improving Internal Communication

A thesis

presented to

the faculty of the Department of Allied Health Sciences

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Science in Allied Health

by

Amber Suthers

August 2017

Dr. Randy Byington, Chair

Dr. Ester Verhovsek

Dr. Deborah Dotson

Dr. Susan Epps

Keywords: Internal Communication, Communication Channels, Hospital Communication

ABSTRACT

Evaluating Effective Communication Methods: Improving Internal Communication

by

Amber Suthers

Relaying information from a Chief Communications Officer (CIO), or centralized communications departments to hospital employees is not always efficient or effective. Employees may not be informed of important changes to department protocols or hospital policies. The purpose of the study was to determine the most efficient and effective forms of internal communications in the hospital setting.

A total of 83 surveys were mailed to communication officers working in Tennessee hospitals in and east of Nashville. Sixteen communication officers responded. This low response rate may be attributed to poor designation of communication responsibilities and an abdication of responsibilities to an off campus (corporate) source. One significant difference was found regarding the preference of supervisor contact to relay feedback in the age groups of 31-40 and 51-60. Those 31-40 were less likely to prefer direct supervisor contact as their favored communications channel as opposed to 51-60 year olds who favored this method.

DEDICATION

I dedicate this thesis to my husband Shane, my daughter Everly, and the many family members and friends who have sacrificed their time to ensure that I complete this research. Your encouragement, motivation and support have made this possible.

IN REMEMBRANCE

In remembrance of my paternal grandparents Walter Ezra Lipe and Clara Louise Lipe
and my maternal grandmother Carolyn June Bradley.

ACKNOWLEDGEMENTS

To the greatest English teacher and most patient cousin, Laura Pearson. Also, to the professors who have put in countless hours to help me achieve this wonderful goal.

TABLE OF CONTENTS

	Page
ABSTRACT	2
DEDICATION	3
IN REMEMBRANCE	4
ACKNOWLEDGEMENTS	5
LIST OF TABLES	9
Chapter	
1. INTRODUCTION	10
Statement of the Problem.....	11
Purpose of the Study	12
Research Questions.....	12
Delimitations.....	12
Limitations	12
Assumptions.....	13
Operational Definitions.....	13
2. REVIEW OF LITERATURE	14
Communication Tools.....	15
Synchronous Communication	16
Formal and Informal Communication	16
Asynchronous Communication Channels.....	17
Email	17
Paper Media.....	18
Digital Platforms	19
Internal Communication	20
Management and Internal Communication.....	20

Internal Communication Assessment.....	21
Internal Communication Relationships.....	22
Internal Communication Issues.....	23
Communication Systems.....	24
Communication and Leadership.....	25
Barriers to Communication.....	26
Improving Communication.....	27
Employee Communication Needs and Employee Engagement.....	28
HIPAA Compliant Communication.....	30
Security Protocol.....	32
Summary.....	33
3. METHODS.....	34
Strengths and Limitations of Design.....	34
Population.....	35
Survey Instrument Development.....	35
Instrument Validity.....	35
Recommendations from the Pilot Study.....	36
Informed Consent Considerations.....	36
Data Collection and Analysis.....	36
Background of the Researcher.....	38
4. PRESENTATION AND ANALYSIS OF DATA.....	39
Population.....	40
Respondents.....	40
Respondents' Personal Demographics.....	40
Analysis of the Data.....	41
Qualitative Data-Comments.....	53
Summary.....	54

5. SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS	55
Summary of Findings	55
Conclusions.....	58
Recommendations for Changes to Practice	60
Recommendations for Further Study.....	60
REFERENCES	62
APPENDICES	65
Appendix A: Survey Tool	65
Appendix B: Invitation to Participate	69
Appendix C: Follow-up Letter	71
Appendix D: Comments	72
VITA	74

LIST OF TABLES

Table	Page
1. Respondents' Years of Experience in a Hospital.....	41
2. Back-up Communications Plan.....	42
3. Timeliness of Communication	42
4. Internal Notification	43
5. Current Communication Systems	44
6. Perceived Effectiveness of Current Systems	44
7. Hospital Analysis of Employee Feedback	45
8. Surveys as a Method to Gain Employee Feedback	46
9. Anonymous Response Cards as a Method to Gain Employee Feedback	47
10. Direct Contact with Supervisors as a Method to Gain Employee Feedback	47
11. Hospital Analysis of Employee Feedback	49
12. Communication Barriers	50
13. Communication Barriers Mitigation	50
14. Importance of Communication	51
15. Link Between Employee Stress and Communication	52

CHAPTER 1

INTRODUCTION

Arguably, there are many complex issues involved in communication processes in a large organization. Recommendations to improve communication often include: training staff in effective meeting strategies, training on using the Internet and email as communication tools, and distributing action decisions resulting from executive and departmental managers' meetings. Staff and management recognize that poor communication can be a source of job dissatisfaction as well as a powerful determinant of an organization's effectiveness. An initial brainstorming exercise can refine the goal of communication enhancement projects that are generally focused on improving upward and downward communication within an organization (Lynott et al.,1999).

Major communication problems commonly identified are limited sharing of information, delays in receiving information, broken lines of communication with not all staff aware of correct procedures, management not always easily accessible to staff, and communication distributed in forms that made it difficult to access (Lynott et al., 1999). The authors recommended that a chief communications officer be hired to implement and monitor internal channels of communicating with employees.

Although internal communication systems are vital, employees want to be connected on a personal level, so managers and supervisors play an important role in keeping their employees up to date. To be effective, managers should obtain new and hone existing communication skills including listening, reading nonverbal cues, managing stress, and being emotionally aware of others (Robinson, Segal, & Segal, 2014). A manager should also be able to recognize the appropriate type of meeting or notification channel that should be used in every situation.

Ideally, good internal communications is a two-way process. According to Men and Stacks (2014), there is a growing body of evidence to support that effective internal communication plays a fundamental role in developing positive attitudes such as trust, organizational commitment, job satisfaction, organizational identification, and positive employee-organization relationships. Employees feel valued when they believe their opinions matter and are asked for feedback. According to the University of California Merced (2014), the following resources can help facilitate feedback:

- Employee survey - This can include routinely scheduled departmental surveys or those designed expressly to assess specific issues.
- Employee discussion/focus groups - Ideally for six to 12 employees at a time. Managers with the right people skills (listening, questioning, etc.) can be trained to run these groups.
- Management discussion groups - Led by a facilitator, these sessions are designed specifically as management briefings and feedback sessions.
- Suggestion box – Allows employees to share information and concerns anonymously

Unless someone provides feedback that is inappropriate, feedback should always warrant a response. Taking action on employees' feedback shows leaders are cultivating an environment that values listening and values employees' opinions (University of California Merced, 2014).

Statement of the Problem

Relaying information from a Chief Communications Officer or centralized communications departments to hospital employees is not always efficient or effective. Employees may not be informed of important changes to department protocols or hospital policies.

Purpose of the Study

The purpose of the study was to determine the most efficient and effective forms of internal communications in the hospital setting.

Research Questions

The following questions guided this research:

1. Are there protocols for employee notification in place to ensure that all employees are informed of internal changes?
2. Have employees expressed to communication officers the need to change the current mechanism(s) for notification?
3. Have employees provided to communication officers examples of their preferred method for receiving organizational communications?
4. If the communication tools in place are efficient and effective, how does the organization know?
5. What barriers of communication have been identified through employee feedback?
6. Does internal organizational communication have an effect on employee engagement?

Delimitations

I surveyed the managers of communications departments, or chief communication officers, of Tennessee acute care hospitals from Nashville and eastward using a survey that I developed. Their answers were dependent upon employee feedback about internal communication systems that they were willing to share.

Limitations

The limitations of this study were:

- Managers of communication departments may not return surveys.

- The hospital may not have an internal notification system that includes all employees. The information may have to be relayed by supervisors; therefore, the communications officer would not be aware of the effectiveness of the transfer of information.
- Employees may not provide detailed feedback to help improve the mechanisms already in place or their input may not be sought.
- Surveys could be answered and returned by the communication officer, not employees, therefore limiting the validity of the project

Assumptions

I assumed that the hospitals in the study have an internal communication system in place. I also assumed that there is an appointed communications officer who oversees the mechanisms in place for communication and has received feedback from employees and other management about internal communications.

Operational Definitions

Chief communications officer- acts as an educator within the organization to raise awareness of communications issues (Russell Reynolds Associates, 2014).

CHAPTER 2

REVIEW OF LITERATURE

Communication methods take many different forms and can have unfavorable outcomes if the message is not delivered effectively. According to Robinson et al. (2014), “Effective communication helps us better understand a person or situation and enables us to resolve differences, build trust and respect, and create environments where creative ideas, problem solving, affection, and caring can flourish” (p. 1). This is important not only in personal relationships but professional and organizational relationships as well. According to Richards (2014), “Effective communication in organizations involves first establishing a baseline for performance, then identifying areas for improvement, then implementing improvement actions and then measuring again” (p. 1). A well thought out organizational plan can improve the daily functions of a department and should focus on effective communication and listening. According to staff at the University of California Merced (2014):

For communication to be effective over time, a structured communication plan may be needed. A comprehensive communication plan outlines the problem to be addressed, the messages to be conveyed, the target audiences and the methods to be used (email, news article, social media, digital signage, open forum). It also consists of a timeline and list of people responsible for each task. Depending on the complexity of the issue or issues to be addressed, the plan may be a simplified variation of a full plan. (para. 1)

The staff at the University of California Merced outlined an effective internal communications system and explained the importance of effective communication within the establishment. They concluded that:

Effective communication within and across an organization is vital to its success. As UC Merced grows in size and complexity, it recognizes the need to strengthen internal communications to ensure all internal audiences – primarily staff and faculty – are routinely informed of news and information they need to succeed in their respective roles, and that they understand and embrace the university’s mission, goals and priorities.

(University of California Merced, 2014, para. 1)

According to Mascle (2013), for current communication channels to be utilized properly academics and practitioners agree that good written communication skills are essential because professional ability and performance are strongly linked with communication competence. Many employers specifically identify communication skills as a job requirement (Mascle, 2013).

Communication Tools

According to Coiera (2006), communication systems are the formal or informal structures that organizations use to support their communication needs. A communication system involves people, the messages they wish to convey, the technologies that mediate conversations, and the organizational structures that define and constrain the conversations that are allowed to occur. A communication channel is the ‘pipe’ along which a message is conveyed. There are a wide variety of communication channels available, from basic face-to-face conversation, to the telephone or e-mail, to the medical record. Channels also have attributes like capacity and noise, which determine their suitability for different tasks. When two parties exchange messages across a channel at the same time, this is known as synchronous communication. It is the nature of synchronous communication that it is interruptive, and these interruptions may have a negative impact on individuals who have high cognitive loads. For example, a busy clinician may forget to carry out a clinical task because he or she has been interrupted by a telephone call while he or

she was busy. In contrast, when individuals can be separated in time, they may use an asynchronous channel to support their interaction. Since there can be no simultaneous discussion, conversations occur through a series of message exchanges. This can range from notes left on a colleague's desk, to sophisticated electronic messaging systems. A communication system is a bundle of different components, and the utility of the overall system is determined by the appropriateness of all the components together. If even one element of the system bundle is inappropriate for the setting, the communication system can underperform (Coiera, 2006).

Synchronous Communication

Face-to-face communication is often perceived as an optimal channel for communicating complex information because it facilitates immediate feedback, the use of natural language and multiple cues, and personal focus. The two-way nature of interpersonal communication channels, such as team meetings, group problem-solving sessions, and supervisor briefings, enhances management–employee relationships better than publications. Men (2015) found that employees prefer face-to-face communication for communicating with organizational leaders, followed by emails. Technological development has made email an indispensable part of the daily routine of employees, although this is an asynchronous communication channel (Men, 2015).

Formal and Informal Communication

Formal communication includes all-staff meetings (hospital-wide) that help employees understand their department's goals and how their work fits into the larger organizational context; department-wide meetings for unexpected but important messages that have broad impact and need to be conveyed, perhaps used on an as-needed basis; and workgroup or staff meetings which include information sharing and updating and assigning tasks. These are most effective when held weekly or bi-weekly (University of California, Merced, 2014). Meetings

present a forum for employees to ask questions and comment on issues in a timely fashion. Meetings should be mandatory and scheduled regularly (Pulce, 2003).

Informal types of communication include brown-bag gatherings that are usually held during the lunch hour and are casual ways to host a speaker, hold discussions, or present information (University of California Merced, 2014).

Asynchronous Communication Channels

Channels of communication include email, newsletters, and social media sites. Meredith (2013) states that due to the costs involved, many organizations have replaced the printed newsletter with an electronic version. This is often posted on a website or emailed to individual accounts. Whether the newsletter ends up being distributed by web or printed, it is important to keep several copies of every newsletter for future reference and documentation of events (Meredith, 2013).

Email

Email is effective because it is immediate and can reach a mass audience quickly but should be used carefully as information and purpose of the message can be misconstrued (Uddin et al., 2013).

Email communication, which represents a means of interpersonal communication, is used widely. Since email communication has more correct, detailed, arranged and longer expression, it has been seen as the most useful and preferred tool for computer-mediated communication (Uddin et al., 2013). Despite the rapid growth in popularity and user acceptability of other mediums (e.g. Facebook) the overall trend of the use of email communication by university students has increased significantly since its inception. Although email is considered a ‘low-tech’ communication medium, students mostly depend on email communication as an alternative to

face-to-face meeting for course-related conversations and discussions with their peers and teachers (Uddin et al., 2013).

Emails are a fast, effective, and cheap form of communication, and have transformed the speed at which people can communicate with others in almost every part of the world. However, email is open to misuse and abuse and individuals need to think about how it is used. One problem is that emails are sent with attachments with large amounts of information that might take several hours to read and digest. The person who circulates information in this way may believe that by sending out the information to all his or her staff, he or she is effectively communicating whatever is contained in the attachment. If the recipient subsequently fails to act on whatever was sent out, the sender can absolve him or herself and blame the recipient. Electronic communication is undoubtedly a wonderful resource for large organizations, particularly when they have multiple geographic sites. However, there is a danger that individuals forget that the purpose of sending the email is to communicate and communication is a two-way process that involves not only being able to receive the communication but to process it as well (Fowler, 2014).

Paper Media

Newsletters offer an ideal medium for sharing information with a broader audience on a regular, scheduled basis. Items may include news, events, and projects of importance or interest, accolades, policy changes, or strategic updates (University of California Merced, 2014). According to Pulce (2003), employee newsletters enable the employer, manager, or leader to inform employees about current issues, developments, and activities of general interest without having to communicate with each worker individually. However, newsletters should not be used as a substitute for face-to-face communication, but as a complementary vehicle. Pulce (2003)

also stated that suggestion boxes allow employees to alert managers to concerns or ideas informally and, in some cases, anonymously. The difficulty with this method is that managers must make an effort to respond.

Digital Platforms

Men (2015) stated that digital platforms, such as intranet, blogs, bulletin boards, instant messaging, and social networking sites, have been increasingly used by companies and organizational leaders to engage employees. Although limited in carrying social information compared to face-to-face communication, new media channels with rich features (e.g., webcams, embedded audio or video, commenting and sharing features, and online chat functions) facilitate complex information distribution. Moreover, social media channels with two-way, interactive/dialogical, communal, personal, and relational features allow top leaders to listen closely to employees, respond in a timely manner, communicate in a genuine and personal fashion, and facilitate employee upward communication (Men, 2015).

With today's changing technologies, social media is a way to keep employees informed about non-critical information, as well as keep everyone engaged in events. As with organizational websites, social media sites should be updated daily by the designated operator of these sites (University of California Merced, 2014).

Each medium engages audiences in different ways and affects the scale and pace of communication. To date, various communication channels have been used by companies and leaders to communicate with employees, ranging from traditional print publications (e.g., newsletter, magazines, memos), phone calls, voicemails, and face-to-face communication, to Web 2.0 tools, such as intranet, blogs, instant messaging, and internal social networking sites (Men, 2015).

Internal Communication

Internal communication can be defined as “a significant and independent function within public relations and corporate communication scholarship. Internal communication has two main roles: spanning provision of information and creating of a sense of community within organizations,” (Karanges, Johnston, Beatson, & Lings, 2015, p. 129). Communication is central to stimulating an organization to act as actions flow from the “exchange of information and ideas within an organization” (Jacobs, Yu, & Chavez, 2016, p. 63), which is defined as internal communication. Other definitions of the term further describe internal communication as intra-organizational communication which is quite often equated with employee communication. Furthermore, internal communication can be defined simply as all forms of communication within the organization.

Management and Internal Communication

According to Vercic, Vercic, and Sriramesh (2012), just as public relations are often juxtaposed with other management disciplines, one should analyze the link between internal communications and management. Respondents in the Vercic et al. (2012) study believed a host of areas, including human resources, change management, organization development, public relations, marketing and general management, corporate human resources, corporate strategy, and corporate communication used internal communication. Internal communication is intertwined with the disciplines previously listed, particularly in the communications and human resources area. The internal communication specialist should ideally be knowledgeable in multiple disciplines because only then can he/she be a valid partner to the management. Managerial activities cannot be performed properly without using internal communication to some extent. However, internal communication should not be perceived as subordinate to any of

the mentioned disciplines, except when management structures in a given organization place internal communication in a reporting line to one of them (Vercic et al., 2012).

According to Ruck and Welch (2012), internal communication assessment is currently focused on channels used or volume of information generated, essentially evaluating processes rather than the content of the communication itself, how well communication is provided, or the recipient's understanding. Communication can be undermined by a lack of senior manager clarity and commitment to values. Opportunities for employee voice can be significantly improved. A changing communication environment calls for new approaches to assessment with an emphasis on communities, content, and dialogue rather than volume and channels (Ruck & Welch, 2012).

Internal Communication Assessment

According to Ruck and Welch (2012), expanding the theoretical base for internal communication could generate new approaches to practice and assessment. For example, assessment of internal communication could take more account of the impact of social media within a wider context of medium theory. A new conceptual model of employee communication is posited here as a framework for fresh approaches to internal communication assessment; it encourages a stronger balance between communication related to an individual's role and wider internal corporate communication (Ruck & Welch, 2012). The framework could encourage development of assessment instruments that include emphasis on content and employee needs. Future research could draw on concepts and theories to assess the value of internal corporate communication to employees and their organizations (Ruck & Welch, 2012).

According to Vercic et al. (2012), internal communication, as a practice and an independent domain, is in its infancy. At best we can say it is in adolescence based on the

evidence from the Delphi study, which, although conducted in Europe, is indicative of the perceptions of the field in several other parts of the world as well. On the one hand, internal communication can be described as an in-charge management function of intra-organizational communication and as an interdisciplinary function integrating elements of human resources management, communication, and marketing. On the other hand, internal communication is required for information dissemination and of management and production of internal media (Vercic et al., 2012). While the respondents of their study gave precedence to traditional communication skills over business and management skills, they also saw employee engagement, loyalty and motivation, value for money, and trust and credibility as the largest issues they are dealing with (Vercic et al., 2012).

Internal Communication Relationships

Developing a sense of community through internal communication efforts involves establishing and maintaining relationships between an organization, supervisors, and employees. While employees experience many workplace relationships, two dominate an employee's professional life: the relationship with the organization and the relationship with his or her direct supervisor (Karanges et al., 2015). As Karanges et al. (2015) explains, industry research supports internal communication as an underlying influence of employee engagement. Defined as a positive, fulfilling, work-related state of mind, the benefits of employee engagement include increased productivity, decreased attrition, improvement of an organization's image and reputation, and increased financial returns (Karanges et al., 2015). While these benefits have resulted in an increased focus on and resourcing of employee engagement by managers, industry reports reveal a rapid decline in the number of engaged employees. Despite the importance

accredited to both internal communication and employee engagement, limited empirical research on their association exists (Karanges et al., 2015).

Even if it is extremely important, regrettably, internal communication is much too often underestimated. Internal communication should be focused on making employees understand the work policies in the same way and work towards a common goal. Only an effective internal communication can help build personnel commitment and trust in management. Internal communication should provide employees opportunities to feed their views upwards, should focus on well informing the personnel and proving to the employees that the manager is committed to the organization (Constantin & Baias, 2014). Providing information in itself is not enough as employees should also be provided opportunities to raise their concerns or to make suggestions (Constantin & Baias, 2014). Effective employee voice is about affording employees the opportunity to develop their knowledge and skills and be part of the decision making. Direct communication between managers and employees should be encouraged and emphasis should be put on the quality of the information shared and on trust. To build trust in the organization, the adversarial relationship between management and employees who speak up should be eliminated, and the fear feeling should be minimized (Constantin & Baias, 2014).

Today the information manager is a mediator between the management and workers, as well as being an internal coach for management. Aligning the goals of individual employees to organizational goals is also seen as a task for internal communication (Vercic et al., 2012).

Internal Communication Issues

Internal communication faces several issues such as the justification for its existence as an independent field of study. Lack of avenues for training and professional development create a perception that this is not a professional specialty. Vercic et al. (2012) suggested that the lack

of scholarship in this field showing the positive link between internal communication and organizational well-being has contributed to the lack of recognition of this field among senior managers. The digital-native generation of new entrants to the job market can bring a pervasive way of experiencing communication in general and internal communication in particular (Vercic et al., 2012). Other issues noted by Vercic et al. (2012) included credibility of leaders, engagement and employee loyalty, motivation, social media, cultural differences and interpretation of messages, communication of line managers, web based social networking, communicating change, communicating during social crisis, and issue management.

Communication Systems

The care of patients involves many individuals, all needing to share patient information and discuss patient management. As a consequence, there is increasing interest in, and use of, information and communication technologies to support health services (Coiera, 2006).

Pager and phone interruptions can lead to fragmented conversations, dropped discussions, and the need to repeat salient points of the case. The problem is not with the calls but the manner in which they are answered. Common courtesy would dictate that, when appropriate, calls should be answered outside the room where a team is meeting, outside the patient's hospital room, or away from the rounding team. The use of smart phones, pagers with texting capabilities, and yet-to-be developed technologies will alleviate—but not totally eliminate—some of the “call traffic” that infiltrates team interactions (Coiera, 2006). The written word is another source of poor communication.

Poor penmanship may lead to misinterpretation of progress or consultation notes or a disregard for recommendations. Clarifying poorly written treatment recommendations can waste

valuable time. The adoption of electronic medical records has helped solve the myriad of problems posed by poor handwriting (Ponte, 2011).

According to Coiera (2006), the sheer scale and complexity of these interactions within the healthcare system puts a heavy burden on the process of communication, and miscommunication can have terrible consequences. Not only is the communication space huge in terms of the total information transactions and clinician time, the misinterpretation of it is also a source of significant morbidity and mortality of patients. Communication failures are a large contributor to adverse clinical events and outcomes (Coiera, 2006). In a retrospective review of 14,000 in-hospital deaths, communication errors were found to be the lead cause, twice as frequent as errors due to inadequate clinical skill. Further, about 50% of all adverse events detected in a study of primary care physicians were associated with communication difficulties (Coiera, 2006). Looking beyond the raw numbers, the clinical communication space is prone to interruption, has poor communication systems and poor practices. At the administrative level, the poor communication of information can have substantial economic consequences. It is now clear, for example, that the healthcare system suffers enormous inefficiencies because of the poor quality of communication systems that are often in place (Coiera, 2006).

Communication and Leadership

Men (2015) reported that CEOs rely most heavily on conventional oral and written media, such as phone calls and letters. CEOs are most comfortable in face-to-face communication and believe that this mode is the most effective (Men 2015). They value employee feedback and use mostly informal channels to obtain it. Overall, CEOs communicate frequently with employees through “management by walking around,” one-on-one meetings,

articles in internal publications, group meetings with employees, speeches and memos, and phone calls, in that order (Men, 2015).

Richards (2014) stated that effective communication in organizations involves a commitment from the top down. Organizations that communicate effectively expect strong communication from managers to employees, provide training and coaching to managers to help build their communication skills, have ample communication tools for use by managers and employees, and measure the effectiveness of their communication efforts (Richards, 2014). When senior leaders and managers in an organization are held accountable for effective communication, the difference will be measurable. Managers who are effective communicators should be recognized and rewarded; those who are not should receive the appropriate feedback and be asked to make improvements. Not all managers are automatically equipped with the skills they need to be effective communicators. For effective communication in organizations, managers need to have access to training and coaching to first understand the communication expectations the organization has of them and to improve skills when necessary (Richards, 2014).

Barriers to Communication

According to Ileri and Kaya (2015) the four main barriers to hospital information systems are human barriers, technical barriers, organizational barriers, and situational barriers. Although introducing information systems decreases costs and increases efficiency in hospitals, implementing it requires substantial financial funds which can be a situational barrier. Managers face technical barriers to ensure ease of use of the system, user friendly interface, satisfactory system speed, privacy and security of managerial and medical data, interoperability, integration and flexible system design. Strategic planning of information technology (IT) investments;

effective communication and coordination between managers, healthcare professionals, and IT staff; user participation in designing of the information system and training employees are key organizational barriers healthcare managers must overcome (Ileri & Kaya, 2015). Managers must overcome these barriers to create more effective, efficient, and competitive healthcare institutions.

Improving Communication

Listening is a skill that is often practiced with good intentions but poor results (University of California Merced, 2014). Healthcare providers should be aware of their surroundings and ensure the conditions are favorable to listening and clearly communicating by choosing the best time and place for listening, allowing enough time for the listener to absorb the details of the conversation, picking a location that is neutral to each person, and avoiding interruptions (University of California Merced, 2014). A good listener should also be aware of his or her body language because it has an impact in face-to-face communications. The listener can show interest by maintaining eye contact as much as possible, maintaining a relaxed body position, using a welcoming facial expression, and using encouraging words. Active listening is the process of reflecting back what the other person said to confirm understanding (University of California Merced, 2014).

Pulce (2003) stated that the ability to express oneself in a nonabrasive and affirming manner is closely tied to listening skills. Speech can be a source of blessing or injury to others. Wise leaders think before they speak; in so doing, they select words that nurture rather than destroy. When faced with hostility, they speak gently so as to subdue anger rather than stoke it. Pulce (2003) further added that effective communication breathes the spark of life into teamwork, and communication keeps teamwork alive. Nothing else is so crucial to coordination

efforts. No other factor plays such a precious role in building and preserving trust among employees.

According to Zettl, Becker, and Sramek (2006), physicians expressed concern that novice nurses are not consistently communicating pertinent data about a patient in crisis when calling the physician about a change in a patient's condition. As a result of the peer review process at a facility, a communication deficit between the disciplines was discovered; education became the solution to minimize the deficit, and a program was developed to promote a healthy communication environment between the physician and the nurse (Zettl et al., 2006). The effective communication goal served as an advantage for the staff, nurses, patients, and the physician (Zettl et al., 2006).

Employee Communication Needs and Employee Engagement

Minimal attention has been given to what employees would like their organization to communicate. According to Goldhaber, Porter, Yates, and Lesniak (1978) as stated in Ruck and Welch (2012), an employee's primary needs include, first, more information about personal, job-related matters, and then, information about organizational decision making and a greater opportunity to voice complaints and evaluate superiors. According to the consultancy TowersWatson, most firms do well at communicating about the business; however less than half of firms report they are effective at communicating to employees how their actions affect the customer or increase productivity. They report that internal communication messages are delivered either centrally or locally (Ruck & Welch, 2012).

Vercic et al., (2012) found that internal communication should motivate employees and thus create value for the company. Most of the participants also agreed that it is a function of management to be in charge of communication. Interestingly, the data also indicated a narrow

definition of the term as the process of writing for the in-house employee publication only (Vercic et al., 2012).

Informed employee voice contributes to employee engagement and consequently to an improved performance (Constantin & Baias, 2014). The implications of adopting an informed employee voice approach to internal communication are significant and it is a proof that the value of communication is understood (Constantin & Baias, 2014).

Such employee communication has the potential to create an atmosphere of respect for all employees of the organization and as such impact employee satisfaction. The capability to build and maintain trusting and strategic relationships with supply chain members (such as customer and supplier) appears to require tacit complex coordination and communications skills that competitors may find difficult to replicate (Jacobs et al., 2016). Employees who are satisfied with their jobs are more likely to be involved in their company's operations and more dedicated to delivering the high quality services that will help the company develop an integrated supply chain (Jacobs et al., 2016). Furthermore, the role of employee satisfaction has largely been overlooked in supply chain research and as such its role remains in need of illumination (Jacobs et al., 2016).

Managers should not focus on employee satisfaction exclusively, but rather should work on communicating with employees as both facilitate improved satisfaction and integration internally and externally. Effective communication in conjunction with satisfied employees is requisite for improving firm performance in the coordination of material, information, and money (Jacobs et al., 2016). Lastly, it may be as important to carefully craft communication campaigns aimed at employees as those aimed at customers since the former appear to lead to

more effective integration with customers, which elsewhere has been linked to improved financial and market performance (Jacobs et al., 2016).

Ideally, good internal communications is a two-way process. Employees feel valued when they believe their opinions matter and are asked for feedback. In addition to face-to-face communication discussed earlier, the following resources can help facilitate feedback: employee surveys, employee discussion/focus groups, management discussion groups, and suggestion boxes. Unless someone provides feedback that is inappropriate, feedback should always warrant a response. Taking action on employees' feedback shows that the entity listens and values their employees' opinions (University of California Merced, 2014).

According to Pulce (2003), managers and leaders who do not communicate effectively cannot lead well or long. They may spend limitless amounts of time and energy developing other skills, such as organizational strategies, time management, public speaking, and long-term planning, but taking the time to develop the skill of listening, which leads to understanding, is one of the effective leader's best communication strategies. Those who aspire to become great leaders will develop this skill. They'll practice such techniques as maintaining eye contact and rephrasing what they hear to be certain that they have understood correctly (Pulce, 2003).

HIPAA Compliant Communication

Compared to email, with its seemingly endless number of spam messages, texting serves as a priority communication channel. Because people may be more reluctant to share cell phone numbers than email addresses, the group who can text an individual is usually more restricted and trusted (Brooks, 2012). Although text messaging has obvious social communication advantages, it also has clear utility in health care. Texting is fast, direct, and simplifies the traditional, laborious pager and callback workflow that hospitals and other organizations have

used for years (Brooks, 2012). Unfortunately, traditional short message service (SMS) is inherently non-secure and noncompliant with safety and privacy regulations under the Health Information Portability and Accountability Act (HIPAA). Messages containing electronic protected health information (ePHI) can be read by anyone, forwarded to anyone, remain unencrypted on telecommunication providers' servers, and stay forever on sender's and receiver's phones (Brooks, 2012).

Brooks (2012) stated the Joint Commission for hospital accreditation did not ban all text messaging solutions. Instead, it established Administrative Simplification Provisions (AS) that serve as guidelines for developing secure communication systems. Under the AS guidelines, the following four major areas are critical to compliance: secure data centers with a high level of security and ongoing risk assessments, encryption, recipient authentication, and audit controls (Brooks, 2012). By using a secure texting network, doctors, nurses, and staff can not only send and receive patient information but also potentially achieve the following goals: shorten response times; improve the accuracy of decision making by having better information; allow multiple parties involved with clinical decision making to be looped in on the same message; allow for quicker interventions and improve patient outcome; securely communicate lab results, imaging results, patient procedures, and medical histories; allow the physician to have more information readily available; speed up on-call notifications; eliminate the hassle of callbacks; and integrate with scheduling systems to create automatic notifications of pending events (Brooks, 2012).

As with any technology, there are some drawbacks. At a practical level, some healthcare workers can choose to hide behind a paging system, effectively choosing which calls to answer based upon their current state. This form of call-screening may no longer be possible if individuals have personal mobile telephones. The reduced costs of contacting colleagues and

increased benefits of being contactable may be at the cost of decreased control of communication and increased interruption. It appears that the benefits significantly outweigh the costs, but formal studies are needed to confirm this (“HIT Application Solutions,” 2014).

Security Protocol

One of the biggest areas of risk in health care is insider abuse of privilege, or access. Healthcare organizations deal with multiple cases of inappropriate access every year. Despite regulatory requirements to create appropriate access control mechanisms and monitor system activity and use, many healthcare organizations have not invested in the tools to comply effectively and efficiently. HIPAA requires organizations to conduct ongoing information system activity reviews and audits of user activity (Mcmillan, 2011). Accounting for disclosures requires organizations to identify upon request who has accessed a patient's record. All of these requirements assume that activity and access are being recorded and can be audited and that someone or something is paying attention to it (Mcmillan, 2011).

According to Lui, Chung, Chen, and Wang (2010), most security threats come from inside an infrastructure, i.e. its own employees, which make the system much more difficult to guard. Generally speaking, these employees are authorized to access and they are legal users of the system. When authorities are too high or too low, external hackers try to intrude the information system to obtain confidential information, create malicious messages containing viruses or spam and allow for other internal events that stem from personnel inside the organization making various attacks on the system. Seventy percent of the total threats investigated were caused by employees (Lui et al., 2010). In order to reinforce the system security, the IT managers in medical organizations generally would equip the network in the medical organization with firewalls to protect the internal network from malicious attacks.

Firewalls are divided into categories. Basic border firewalls protect internal computers. Screen hosts filter information before it reaches the internal connection of the medical organization. Demilitarized zone networks have a separate host established from the internal network which does not allow external users to acquire the internal network framework of the organization. Dual-homed hosts allow for excellent control of information and access, but require cautious work of IT managers (Lui et al., 2010).

Summary

In summary, it is important for managers to be aware of the types of communication tools available, when to use each one, and how to obtain feedback on notification systems. It is also imperative that there be an appointed person to oversee communication techniques and mass communication systems. Face to face communication seems to be favored over email, newsletters, or social media, but mass communication is more effective with these channels. However, discretion must be used on these very public forums, and the communications officer should decide how to deliver certain types of information. It is imperative that the IT department implement firewalls to protect the system from external hackers, while also monitoring levels of access granted to employees. Personal emails may contain malicious viruses that cause a meltdown of the system so filters should be turned on and monitored by the IT manager.

Enough cannot be said about the importance of communication in the workplace. Because we are all personal, relational, communicating beings, the issue is not whether we communicate but how effective and appropriate our communications are (Pulce, 2003).

CHAPTER 3

METHODS

The purpose of the study was to determine the most efficient and effective forms of internal communications in the hospital setting. I used a quantitative study with a survey (Appendix A) as the basic methodology.

According to Tolmie, McAteer, and Mujis (2011), the survey method is defined as a “non-experimental research method in which data are collected by asking participants to provide some form of self-report on their thoughts, behavior or experience. Survey methods most commonly employ questionnaires, but they may also take the form of an interview” (p. 304).

I used a survey research design in order to collect data regarding the effectiveness of internal communication systems and employee satisfaction and engagement. This design allowed for participant confidentiality. The survey questionnaire included questions addressing internal information delivery, employee satisfaction, and effectiveness of the channels used.

Strengths and Limitations of Design

An advantage of survey research is its inexpensive nature and the ability to survey few respondents or many.

Limitations of this design include its dependence on the respondents to provide enough data to assure validity, the absence of an internal notification system, the respondents' lack of knowledge of the effectiveness of the transfer of information within their organization, or employees not providing detailed feedback to help improve the mechanisms already in place or their input may not be sought.

Population

The population for this study consisted of communication officers, or those in a similar position, employed in Tennessee hospitals in and east of Nashville. I included communication officers working in both rural and urban facilities ranging in size from less than 100 beds to more than 500 beds.

Survey Instrument Development

I developed the survey instrument that addressed the study's research questions. Survey items 2, 3, and 13 address research question 1. Survey items 1, 4, and 9 address employee expression to change current internal communication processes. Part 2 of the survey addressed the efficiency and effectiveness of communication systems as well as feedback analysis. Identifying barriers is addressed by survey items 5 and 6. Employee engagement is addressed by survey items 8, 10, 11, and 12. Items 7 and 14 address supervisor engagement. The survey was developed using the Likert scale in which all answers were tied to a numerical value for analysis. The demographic portion of the survey was used to determine if there were difference in preferences based upon gender, ages, and years of experience. I developed the questionnaire using information gained from the literature review as its foundation.

I included statements regarding effectiveness of internal notification, the effect of communication on employee satisfaction and participation, and barriers to effective internal communication. I also developed items to determine the most preferred and effective methods of information delivery in a healthcare organization.

Instrument Validity

In order to test the validity of the survey instrument, I conducted a pilot study in January and February of 2017 with communication officers in medium sized hospitals in southwest

Virginia. Each participant in the pilot study received a survey instrument (Appendix A) along with a cover letter (Appendix B). I asked participants to make comments, cross out unnecessary questions, and add additional questions as they completed the survey. The pilot study with these hospitals proved unsuccessful due to abdication and confusion of communication duties; therefore, I reached out to our Rural Health facility. The HR director validated my instrument, and I made revisions in response to feedback received in the pilot study.

Recommendations from the Pilot Study

It was recommended that I change the wording from “in my hospital” to “my healthcare facility,” however; this did not fit the population surveyed in my study. No changes were made to my survey instrument.

Informed Consent Considerations

Details regarding the purpose of the study and risks associated with participation were included in the survey’s cover letter. Participant’s return of the study’s data collection instrument was implied consent to participate in the study

Data Collection and Analysis

I applied for Institutional Review Board (IRB) for the Protections of Human Subjects approval in January 2017. After undergoing exemption review, approval was granted on January 18, 2017. Upon IRB approval of the research design and methods, I collected data during February and March of 2017. I distributed a total of 83 questionnaires on February 21, 2017 and they were to be returned by March 20, 2017.

I began my research mailing surveys to communication officers working in acute care hospitals in Tennessee from Nashville east. I sent each respondent a letter (Appendix C) detailing the same instructions and tasks, a numerically coded survey, and a postage paid return

envelope. I mailed the surveys on February 21, 2017. Ten working days after the initial mailing, those not responding were sent a second letter, survey, and postage return envelope. The data collection period was closed 20 working days after the initial mailing. Respondents sealed their responses in provided postage prepaid envelopes and returned the sealed envelope via mail before March 20, 2017. Upon receipt of the returned survey, the researcher located the survey number and recorded its receipt. Any surveys received after the close of data collection were noted, but the data was discarded.

I met with the statistician on April 6, 2017 and analyzed the results. Hospital size as determined by the number of licensed beds was recorded to determine any differences between effectiveness of internal communication based on size. Further quantitative analysis included frequency counts and resulting distributions were compiled for each of the items found in the questionnaire. The frequency distributions were converted to percentages of the total responses to facilitate reporting. Results were calculated based upon the number of responses for each question. Descriptive statistics allow the researcher to describe perception of communication officers and employees (a single sample) on survey questionnaire items related to internal communication strategies of their hospitals, specifically focusing on effectiveness and efficiency. Comments of the respondents were reviewed and summarized. Data from a Likert response format were coded numerically to facilitate analysis. An ANOVA was used and if there were differences based upon hospital demographic groups, a Tukey Post Hoc was performed to determine which survey items were significantly different. The researcher selected a 95% confidence interval for the study ($\alpha=.05$).

Background of the Researcher

I hold a Bachelor of Science degree in Allied Health Sciences with a concentration in Radiography from East Tennessee State University in Johnson City, Tennessee. I worked as a radiographer for five years, and recently elected to work in a pharmacy as a Certified Pharmacy Technician. I am currently pursuing a Master of Science degree in Allied Health with concentrations in education and administration.

CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

As healthcare continues to change, there is a need to evaluate channels used for communication with employees. The most efficient and effective ways to reach employees should be sought and perfected. This study solicited the feedback of those directly involved with internal communication with hospital employees.

The study asked questions of communication officers in Tennessee hospitals from Nashville east. The study's hospitals included those in urban and rural areas and the responses from each participant were recorded. The following questions guided the study:

Question 1: Are there protocols for employee notification are in place to ensure that all employees are informed of internal changes?

Question 2: Have employees expressed to communication officers the need to change the current mechanism(s) for notification?

Question 3: Have employees provided to communication officers examples of their preferred method for receiving organizational communications?

Question 4: If the communication tools in place are efficient and effective, how does the organization know?

Question 5: What barriers of communication have been identified through employee feedback?

Question 6: Does internal organizational communication have an effect on employee engagement?

Population

Surveys were mailed to communication officers in 83 hospitals in 49 Tennessee counties. The study excluded pediatric, rehabilitation, and veteran's hospitals within the targeted geographic area.

Respondents

Using the data collection procedures outlined in detail in Chapter 3, data were collected during a 5-week period (February 21- March, 20 2017). A total of 16 communication officers responded, with nine from hospitals located in a rural area (56.3%) and seven from hospitals found in an urban location (43.7%). Two facilities were omitted from the data analysis because their mailings were returned *no longer at this location* or *no such address*. This data collection process yielded a 19.75 % response rate.

Respondents' Personal Demographics

A total of 16 communications officers responded to the study's invitation to participate. Of those 16 communication officers 11 were female (69%), two were male (12.5%), and three did not indicate their gender (18.5%). Thirty-seven and a half percent indicated they were between the ages of 31 and 40 and an equal percentage indicated they were between 41 and 50 years of age. Almost nineteen percent of the communications officers were between the ages of 51 and 60, and a single respondent did not provide data for this demographic attribute. The participants' responses to the question regarding their experience working in a hospital are presented in Table 1.

Table 1

Respondents' Years of Experience in a Hospital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 5 years	1	6.3	6.3	6.3
5-10 years	1	6.3	6.3	12.5
11-20 years	4	25.0	25.0	37.5
Over 20 years	8	50.0	50.0	87.5
Missing	2	12.5	12.5	100.0
Total	16	100.0	100.0	

Analysis of the Data

Data from the study's SPSS file were analyzed. The following is the analysis of that data framed in the context of the study's research questions. Answers were analyzed using the Likert scale with 1 being strongly disagree, 2-disagree, 3-agree, and 4-strongly agree.

Research Question 1: Are there protocols for employee notification in place to ensure that all employees are informed of internal changes?

Responses to survey items 2, 3, and 13 provided data related to this research question. Data for each question is presented below.

Item 2 asked the respondents to indicate their level of agreement with the following statement: If the current system of notification is disabled, there is a well-known back up plan for communicating with employees. The mean response to this question was 3.33 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 2.

Table 2

Back-up Communications Plan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	6.3	6.7	6.7
	Agree	8	50.0	53.3	60.0
	Strongly Agree	6	37.5	40.0	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 3 asked respondents to indicate their level of agreement with the following statement: Employees at my hospital are notified in a timely matter with much detail when changes are taking place (protocols, HR information, etc.). The mean response to this question was 3.60 and the frequencies associated with the responses are found in Table 3.

Table 3

Timeliness of Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	6	37.5	40.0	40.0
	Strongly Agree	9	56.3	60.0	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

For survey item 23, respondents were asked to indicate their level of agreement with the following statement: Internal communication systems should notify all employees of hospital changes. The mean response to this item was 3.47. The frequencies for responses to this question are found in Table 4.

Table 4

Internal Notification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	8	50.0	53.3	53.3
	Strongly Agree	7	43.8	46.7	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

To determine if differences existed based upon the location of the respondent’s hospital, an independent samples *t* test was performed. No significant differences were found in these three data items (*p* values ranged from 0.097 to 0.4550) with a 95% confidence interval ($\alpha=.05$).

To determine if respondents differed in their responses to these questions based upon their age or years of experience working in a hospital, a one way ANOVA was performed. No significant differences were found, however the respondent groups were small (*n* values ranged from 3 to 6).

Because only two males responded to the survey no independent samples *t* test to determine if there were differences in responses based upon gender was performed.

Research question 2: Have employees expressed to communication officers the need to change the current mechanism(s) for notification?

Data from survey items 1, 4, and 9 address employee expression of needs to change current internal communication processes. Data for each question is presented below.

Item 1 asked the respondents to indicate their level of agreement with the following statement: The current communication channel in place in my department notifies employees of changes in the department/organization. The mean response to this question was 3.53 (a value

lying between agree and strongly agree). The frequencies for answers to this item are found in Table 5.

Table 5

Current Communication Systems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	7	43.8	46.7	46.7
	Strongly Agree	8	50.0	53.3	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 4 asked the respondents to indicate their level of agreement with the following statement: The current methods of feedback from employees at my hospital are effective in assessing needs for changing communication methods. The mean response to this question was 3.00 (a value indicating agreement). The frequencies for answers to this item are found in Table 6.

Table 6

Perceived Effectiveness of Current Systems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	25.0	26.7	26.7
	Agree	7	43.8	46.7	73.3
	Strongly Agree	4	25.0	26.7	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 9 solicited asked the respondents to indicate their level of agreement with the following statement: My hospital analyzes all employee feedback. The mean response to this

question was 3.13 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 7.

Table 7

Hospital Analysis of Employee Feedback

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	25.0	26.7	26.7
	Agree	5	31.3	33.3	60.0
	Strongly Agree	6	37.5	40.0	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

To determine if differences existed to survey questions 1, 4, and 9 based upon the location of the respondent's hospital, an independent samples *t* test was performed. Using a 95% confidence interval ($\alpha=.05$), no significant differences were found in these three data items. To determine if respondents differed in their responses to these questions based upon their age or years of experience working in a hospital, a one way ANOVA was performed. No significant differences were found, however the respondent groups were small (*n* values ranged from 3 to 6).

Because only two males responded to the survey no independent samples *t* test to determine if there were differences in responses based upon gender was performed.

Research Question 3: Have employees provided to communication officers their preferred method for receiving organizational communications?

Survey questions 25, 26 and 27 provide data for this research question. Data for each item is presented below.

Item 25 asked the respondents to indicate their level of agreement with the following statement: At my hospital, feedback from employees is best gathered by surveys. The mean response to this question was 3.20 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 8.

Table 8

Surveys as a Method to Gain Employee Feedback

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	6.3	6.7	6.7
	Agree	10	62.5	66.7	73.3
	Strongly Agree	4	25.0	26.7	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 26 asked the respondents to indicate their level of agreement with the following statement: At my hospital, feedback from employees is best gathered by anonymous response cards. The mean response to this question was 2.64 (a value lying between disagree and agree). The frequencies for answers to this item are found in Table 9.

Table 9

Anonymous Response Cards as a Method to Gain Employee Feedback

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	12.5	14.3	14.3
	Disagree	3	18.8	21.4	35.7
	Agree	7	43.8	50.0	85.7
	Strongly Agree	2	12.5	14.3	100.0
	Total	14	87.5	100.0	
Missing		2	12.5		
Total		16	100.0		

Item 27 solicited data regarding direct contact with supervisors as a means to solicit employee feedback. Specifically the item asked the respondents to indicate their level of agreement with the following statement: At my hospital, feedback from employees is best gathered by direct contact with supervisors. The mean response to this question was 3.47 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 10.

Table 10

Direct Contact with Supervisors as a Method to Gain Employee Feedback

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	8	50.0	53.3	53.3
	Strongly Agree	7	43.8	46.7	100.0
	Total	15	93.8	100.0	
Missing	9	1	6.3		
Total		16	100.0		

To determine if differences existed to survey questions 25, 26, and 27 based upon the location of the respondent's hospital, an independent samples *t* test was performed. Using a 95%

confidence interval ($\alpha=.05$), no significant differences were found in these three data items (p values ranged from 0.194 to 0.473).

To determine if respondents differed in their responses to these questions based upon their age or years of experience working in a hospital, a one way ANOVA was performed. The respondent groups were small (n values ranged from 3 to 6). A significant differences was found between the responses of those ages 31-40 and those who were 51-60 ($p =0.041$) with regards to the effectiveness of direct supervisor contact (item 27) as a means to solicit employee feedback. Those in the age group 31-40 were less likely to agree that direct contact with supervisors was an effective method to solicit employee feedback. The age group of 51-60 year olds agreed that direct supervisor contact was the best method to solicit employee feedback.

Because only two males responded to the survey no independent samples t test to determine if there were differences in responses based upon gender was performed.

Research Question 4: If the communication tools in place are efficient and effective, how does the organization know?

Survey question 9 provided data for this research question. While the data from this survey item has been presented above in combination with other data related to a research question, it is presented below singularly and in the context of this research question.

Item 9 asked the respondents to indicate their level of agreement with the following statement: My hospital analyzes all employee feedback. The mean response to this question was 3.13 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 11.

Table 11

Hospital Analysis of Employee Feedback

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	25.0	26.7	26.7
	Agree	5	31.3	33.3	60.0
	Strongly Agree	6	37.5	40.0	100.0
	Total	15	93.8	100.0	
Missing	9	1	6.3		
Total		16	100.0		

To determine if a difference existed based upon the location of the respondent’s hospital, an independent samples *t* test was performed. Using a 95% confidence interval ($\alpha=.05$), no significant difference was found in the responses to survey question 9 ($p = 0.271$).

To determine if respondents differed in their responses to this question based upon their age or years of experience working in a hospital, a one way ANOVA was performed. No significant differences were found, however the respondent groups were small (n values ranged from 3 to 6). Because only two males responded to the survey no independent samples *t* test to determine if there were differences in responses based upon gender was performed.

Research Question 5: What barriers of communication have been identified through employee feedback?

Results for this research question are tied to data from survey items 5 and 6. Data for each item is presented below.

Item 5 asked the respondents to indicate their level of agreement with the following statement: Communication barriers exist in my hospital. The mean response to this question was 3.13 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 12.

Table 12

Communication Barriers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	3	18.8	20.0	20.0
	Agree	7	43.8	46.7	66.7
	Strongly Agree	5	31.3	33.3	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 6 asked the respondents to indicate their level of agreement with the following statement: Communication barriers at my hospital could be addressed by analyzing employee feedback. The mean response to this question was 3.07 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 13.

Table 13

Communication Barriers Mitigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	12.5	13.3	13.3
	Agree	10	62.5	66.7	80.0
	Strongly Agree	3	18.8	20.0	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

To determine if differences existed based upon the location of the respondent's hospital, an independent samples *t* test was performed on survey items 5 and 6. Using a 95% confidence interval ($\alpha=.05$), a significant difference was found in survey item 5, communication barriers exist in my hospital ($p = 0.017$). In the Likert scaled responses, barriers to communication were less likely to exist in rural hospitals ($\bar{X} = 2.78$) than their urban counterparts ($\bar{X} = 3.67$). Using a 95% confidence interval ($\alpha=.05$), no significant differences were found in survey item 6,

communication barriers at my hospital could be addressed by analyzing employee feedback ($p = 0.737$).

To determine if respondents differed in their responses to these questions based upon their age or years of experience working in a hospital, a one way ANOVA was performed. No significant differences were found, however the respondent groups were small (n values ranged from 3 to 6).

Because only two males responded to the survey no independent samples t test to determine if there were differences in responses based upon gender was performed.

Research Question 6: Does internal organizational communication have an effect on employee engagement?

Survey items 8, 10, 11 and 12 provided data for this question. Data from these questions follows.

Item 8 asked the respondents to indicate their level of agreement with the following statement: My hospital is concerned about improving communication with employees. The mean response to this question was 3.40 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 14.

Table 14

Importance of Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	6.3	6.7	6.7
	Agree	7	43.8	46.7	53.3
	Strongly Agree	7	43.8	46.7	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 10 asked the respondents to indicate their level of agreement with the following statement: Employee job satisfaction is higher when employees feel involved. The mean response to this question was 4.0 – strongly agree. There was unanimity in response to this question.

Item 11 asked the respondents to indicate their level of agreement with the following statement: Poor internal communication is a source of stress for employees. The mean response to this question was 3.40 (a value lying between agree and strongly agree). The frequencies for answers to this item are found in Table 15.

Table 15

Link Between Employee Stress and Communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	6.3	6.7	6.7
	Agree	7	43.8	46.7	53.3
	Strongly Agree	7	43.8	46.7	100.0
	Total	15	93.8	100.0	
Missing		1	6.3		
Total		16	100.0		

Item 12 asked the respondents to indicate their level of agreement with the following statement: Managers are better leaders when communication lines are open between them and subordinates. The mean response to this question was 4.0 – strongly agree. There was unanimity in response to this question.

To determine if differences existed based upon the location of the respondent’s hospital, an independent samples *t* test was performed on survey item 8. Using a 95% confidence interval ($\alpha=.05$), no significant difference was found in survey item 8, my hospital is concerned about improving communication with employees ($p =0.192$). Because rural and non-rural hospitals

both had a mean of 4.00 with a standard deviation of 0, an independent samples *t* test was not appropriate for survey question 10 (employee job satisfaction is higher when employees feel involved). To determine if differences existed to survey question 11 an independent samples *t* test was performed and no significant difference was found ($p=0.635$). Because rural and non-rural hospitals both had a mean of 4.00 with a standard deviation of 0, an independent samples *t* test was not appropriate for survey question 12 (Managers are better leaders when communication lines are open between them and subordinates).

To determine if respondents differed in their responses to these questions based upon their age or years of experience working in a hospital, a one way ANOVA was performed. No significant differences were found, however the respondent groups were small (*n* values ranged from 3 to 6).

Because only two males responded to the survey no independent samples *t* test to determine if there were differences in responses based upon gender was performed.

Qualitative Data-Comments

Fifty percent of the respondents provided qualitative data via the survey's comment section at the end of the survey material (Appendix D). Overall responses were similar and dealt with communication within the hospital. Comments were made regarding the barriers within the hospital with employees, specifically; fear of retaliation for communication was a frequently noted concern.

Summary

This chapter presented data analysis from chief communication officers responding to the study's questionnaire. Chapter 5 presents the conclusions and recommendations that evolved from this study.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter concludes the study and includes findings and conclusions.

Recommendations for future research are also presented.

The literature demonstrated the need for effective and efficient communication strategies in hospitals, especially communication between managers and employees. Because of the rapid changes in technology and overall growth of the healthcare industry, communication channels should be well defined, effective, and efficient. Good communication practices makes employees aware of changes in policies, their roles in disaster drills, upcoming events, and any information that may affect day to day operations in the facility. Since face to face communication is not always possible, perceptions of other channels were examined to determine the effectiveness and efficiency for delivering information.

The primary focus of the study was to determine Chief Communication Officers' views on effective and efficient communication channels in rural and urban hospitals from Nashville moving east in Tennessee.

Summary of Findings

The data collected regarding an employee notification system focused on whether hospitals have defined a known communications back up plan. It was found that communications officers in both rural and urban hospitals agreed that there was a plan in place. Another component of the study examined perceptions regarding the timeliness in which employees were notified of changes. From the data collected, respondents indicated that information was delivered to employees in a timely matter. The third component of employee notification dealt with the need for internal communications to alert all employees of hospital changes. The study

found that 93.8% of respondents agreed or strongly agreed that internal communications systems were vital.

Concerning the current communication channel used to deliver information on organizational changes to its employees, it was found that respondents in both rural and non-rural areas agreed that the current method functioned to deliver these notifications. In regards to the effectiveness of current feedback methods, respondents did not agree about the effectiveness of their current communication systems. Communication officers indicated that their hospitals analyze the feedback from employees and makes changes to their communication systems based upon this feedback.

Select communication methods were included for effectiveness. It was found that direct supervisor contact was the best way to collect feedback regarding communication; however, a significant difference was found between the responses of those ages 31-40 and those who were 51-60 ($p = 0.041$) with regards to the effectiveness of direct supervisor contact as a means to solicit employee feedback. Those in the age group 31-40 were less likely to agree that direct contact with supervisors was an effective method to solicit employee feedback. Surveys of employees ranked just below direct supervisor contact and anonymous response cards were not preferred as a way to gather feedback.

Respondents were asked to indicate whether the organization analyzed feedback to determine that the most effective and efficient communication tools are in place. While 68.8% of the respondents either agreed or strongly agreed that this feedback was solicited and used, 25% indicated that was not the case in their facilities.

When asked if communication officers knew if the current methods in place were working, respondents from both rural and urban hospitals were in agreement that the facilities analyzed the feedback and made changes where necessary.

It was found that respondents from urban hospitals strongly agreed that barriers to communication exist in their hospitals but more of the rural facilities disagreed. Communication officers working at both rural and urban hospitals agreed that barriers could be removed with the help of employee feedback.

Employee engagement and its impact on employee performance were also examined. Respondents strongly agreed that their facility was concerned about improving communication with employees, that employee job satisfaction was improved when employees felt involved, and managers are better leaders when the communication lines are open. Respondents also agreed that there is a link between employee stress and poor communication.

Although the literature clearly outlines the best practices of communication, there is a disconnect between documentation in the literature of the importance of communications and current practices of communications. Data collection was difficult because there was, for the most part, no designation of communication responsibilities within facilities. Even the AHA blue book is silent on this issue. It was apparent during the pilot study that the communication officer was confused with the position of information technology director. During the data collection process, it became apparent that the responsibility for communication was sometimes leaderless, and it was found that some hospitals outsourced human resource responsibilities and communication suffered.

Conclusions

When drawing conclusions of this study, one must understand that front line employees were not asked about the most efficient and effective forms of communication. It was assumed that the communication officer who completed the survey had obtained feedback from employees about the best forms of communication in their facilities. These perceptions were limited to the list of Tennessee hospitals found in the American Hospital Association Blue Book (2012) and the Tennessee Hospitals Inform (n.d.) website. The following conclusions can be drawn concerning the effectiveness and efficiency of communication within a hospital system:

1. The respondents from rural facilities do not believe they have communication issues like urban facilities. Rural communities are often small and *close knit*. The hospitals that serve rural communities parallel their communities and are usually small and sometimes *critical access hospitals* with only a few beds. No matter what the industry, communication in smaller organizations is often less challenging than communication in larger organizations. Hospitals are no different. Smaller inter-professional work teams (like those found in rural hospitals) facilitate communication.
2. During the pilot study, it was found that the communication duties were sometimes abdicated to staff at a central location, often a corporate communications or human resources department. In essence, it was assumed that someone else was communicating with employees. This finding was somewhat concerning as each healthcare facility is unique and while issues of a broad nature can certainly be communicated effectively by a central communications function, the nuances and importance of facility level communication seemed lost. Additionally, during the

pilot study and resulting data collection process, hospital staff seemed unable to direct the researcher to a Communications Officer or a Communications Department. This function was confused by hospital staff with the functions of an Information Systems Department. This is understandable because the importance of this function is not reflected in the American Hospital Association Blue Book (2012). While the AHA lists contact information for executives occupying *C-suites* (CEO, CNO, CFO, etc.), no contact information was listed for a CCO.

3. With the exception of 31-40 year olds, respondents preferred face to face communication. This may be because not everyone checks e-mails regularly, or perhaps suffers from information overload because of an increasing number of junk email communications. In rural communities, residents may not have high speed internet access when outside their facility; however, this may improve because the Tennessee legislature passed legislation this past session funding broadband expansion in rural communities. Despite its limitations, e-mail was cited as the most efficient way to deliver information quickly. Newsletters and social media were not preferred by either location for effectiveness or efficiency. This is of concern as newsletters and social media are tools often used by corporate communications departments. During the pilot study some participants noted they relied on centralized communication departments/corporate communications channels. This begs the question as to whether or not the efforts of such departments are effective for internal communications or if their focus is, in reality, external communication, branding, and marketing.

Recommendations for Changes to Practice

The following are recommendations for communication within hospitals:

1. Communication should function as an open flow of information between senders and receivers. In this case, there should be clear instructions given to employees by managers and executive level employees. In return, employees should be able to voice concerns to supervisors without the fear of retaliation. Feedback from employees should be evaluated on a regular basis to improve communication channels and their effectiveness.
2. Clear communication facilitates quality patient care. Managers are expected to complete many tasks each day from financial reports to workflow issues and these tasks must be completed on strict deadlines. Therefore, when taking time to communicate efficiently is not a priority employees perform poorly on the job. The feeling of exclusion, feeling outside the *communication loop*, may make motivation decrease and job performance decline. Overall patient care will suffer due to poor communication between employees and managers.

Recommendations for Further Study

The following are recommendations for further study:

1. A similar study should be conducted where front line employees are asked about the best communication channel for information delivery. Both urban and rural hospitals should be studied to determine if there are any differences in how employees prefer information delivery.
2. Gender differences should be considered. This was not possible with this study as the survey respondents only yielded two male participants.

3. Communication differences within and between individual departments should be studied.
4. Barriers to communication should be further studied.
5. Any relationship between poor communication and job performance/satisfaction at the front line employee level should be researched.
6. Research should be conducted to show how feedback from employees about current communication methods is analyzed and implemented to fix problems within the system.

The data collected in this study was beneficial to further research of communication efficacy at the front line level employee level. Employees need to feel included, well-informed and able to voice their concerns when communication fails. Managers should always analyze any and all feedback given regarding current communication channels and suggestions for improvement. Barriers to communication should be addressed and resolved. Although communication practices will never be perfect, time and effort to improve communication gaps will only improve employee engagement and overall patient care.

REFERENCES

- AHA Blue Book. (2012).
- Brooks, A. (2012). Healthcare texting in a HIPAA-compliant environment: Texting speeds communication but could put you at risk. *AAOS Now*, 32(1).
- Coiera, E. (2006). Communication systems in healthcare. *Clinical Biochemist Reviews*, 27(2), 89–98.
- Constantin, E. & Baias, C. (2015). Employee voice: Key factor in internal communication. *Procedia-Social and Behavioral Sciences*, 191, 975-978.
- Fowler, J. (2014). Written communication: From staff nurse to nurse consultant: Part 3: Email communication. *British Journal of Nursing*, 23(17), 958.
- "HIT application solutions integrates notifi platform with ImprivataCortext secure communications platform for healthcare." *Business Wire* 24 Feb. 2014. *Business Insights: Essentials*. 13 June 2015.
- Ileri, Y.Y., & Kaya, S.D. (2015). Barriers of implementing hospital information systems. *Proceedings of the Multidisciplinary Academic Conference*, 1-10.
- Jacobs, M., Yu, W., & Chavez, R. (2016). The effect of internal communication and employee satisfaction on supply chain integration. *International Journal of Production Economics*, 171, 60.
- Karanges, E., Johnston, K., Beatson, A., & Lings, I. (2015). The influence of internal communication on employee engagement: A pilot study. *Public Relations Review*, 41(1), 129-131.
- Liu, C., Chung, Y., Chen, T., & Wang, S. (2012). The enhancement of security in healthcare information systems. *Journal of Medical Systems*, 36(3), 1673-1688.

doi:10.1007/s10916-010-9628-3

Lynott, L., Pearce, J., Lavanda, S., Sutton, D., Gimbert, T., & Miller, G. (1999).

Improving internal communications at a rural base hospital and health service [Abstract].

Journal of Quality In Clinical Practice, 19(4), 226.

Masce, D. (2013). Writing self-efficacy and written communication skills.

Business Communication Quarterly, 76(2), 216-225.

Mcmillan, M. (2011). HITECH security mandates for healthcare organizations. *Healthcare*

Financial Management: Journal of the Healthcare Financial Management Association,

65(11), 118-22, 124.

Men, L. (2015). The internal communication role of the chief executive officer: Communication channels, style, and effectiveness. *Public Relations Review*, 41(4), 461.

Men, L.R., & Stacks, D. (2014). The effects of authentic leadership on strategic internal

communication and employee-organization relationships. *Journal of Public Relations*

Research, 26(4), 301-324. doi: 10.1080/1062726X.2014.908720

Meredith, H. (2013). Club communication--newsletters? Websites? Blogs? Facebook?

(Camera Club & Council). *PSA Journal*, 44.

Ponte, C. D. (2011). Improving communication in the health care setting. *American Journal of*

Health-System Pharmacy, 68(8), 666-667.

Pulce, R. (2003). Effective communication. *Nurse Leader*, 1(3), 6.

Richards, L. (2014). *What does effective communication in organizations involve?* Retrieved

February 20, 2014, from <http://smallbusiness.chron.com/effective-communication-organizations-involve-713.html>

- Robinson, L., Segal, J., & Segal, R. (2014). *Effective communication: Improving communication skills in business and relationships*. Retrieved February 20, 2014, from: http://www.helpguide.org/mental/effective_communication_skills.htm
- Ruck, K. & Welch, M. (2012). Valuing internal communication; management and employee perspectives. *Public Relations Review*, 38(2), 294-302.
- Russell Reynolds Associates, (2014). *The chief communications officer: Guiding your business in a chaotic world*. Retrieved February 20, 2014, from: <http://www.russellreynolds.com/content/chief-communications-officer>
- Tennessee Inform Hospitals. (n.d.). Retrieved February 10, 2017, from: <http://tnhospitalsinform.com/tn-hospitals.aspx>.
- Tolmie, A., McAteer, E., & Muijs, D. (2011). *Quantitative methods in educational and social research using SPSS*. Maidenhead: McGraw-Hill Education.
- Uddin, S. & Jacobson, M.J. (2013). Dynamics of email communications among university students throughout a semester. *Computers & Education*, 64, 95-103.
- University of California Merced. (2014). Retrieved February 20, 2014, from: <http://communications.ucmerced.edu/writing-and-editing/internal-communications/communication-techniques-and-channels>
- Verčič, A., Verčič, D., & Sriramesh, K. (2012). Internal communication: Definition, parameters, and the future. *Public Relations Review*, 38(2), 223-230.
- Zettl, J., Becker, C., & Sramek, D. (2006). Creation and implementation of an orientation process for physician residents in the intensive care unit. *Critical Care Nurse*, 26,(2), S30-S31.

APPENDICES

Appendix A

Survey Tool

Instructions: Please complete the survey below by marking Disagree, Strongly Disagree, Agree, or Strongly Agree, as well as the demographics. After you complete this survey, please place it in the return envelope and mail it back by February 1, 2017.

	Disagree	Strongly Disagree	Agree	Strongly Agree
1. The current communication channel in place in my department notifies employees of changes in the department/organization				
2. If the current system of notification is disabled, there is a well-known back up plan for communicating with employees				
3. Employees at my hospital are notified in a timely matter with much detail when changes are taking place (protocols, HR information, etc.)				
4. The current methods of feedback from employees at my hospital are effective in assessing needs for changing communication methods				
5. Communication barriers exist in my hospital				
6. Communication barriers at my hospital could be addressed by analyzing employee feedback				
7. Department supervisors				

should have their own internal communication system with employees				
8. My hospital is concerned about improving communication with employees				
9. My hospital analyzes all employee feedback				
10. Employee job satisfaction is higher when employees feel involved				
11. Poor internal communication is a source of stress for employees				
12. Managers are better leaders when communication lines are open between them and subordinates				
13. Internal communication systems should notify all employees of hospital changes				
14. At the least, department managers should inform all subordinates of any changes				

Part 2

At my hospital, the following method of communication is effective:				
Email				
Face to face				
Meetings				
Social Media				

Newsletters				
At my hospital, the following method of communication is efficient:				
Email				
Face to face				
Meetings				
Social media				
Newsletters				
At my hospital, feedback from employees is best gathered by:				
Surveys				
Anonymous response cards				
Direct contact with supervisors				

Demographics

I am 20-30 years old _____

I am 31-40 years old _____

I am 41-50 years old _____

I am 51-60 years old _____

I am 60+ years old _____

Gender:

Male _____

Female _____

Experience in a hospital setting:

20+ years _____

11-20 years _____

5-10 years _____

Less than 5 years ____

Please list barriers that you feel prevent effective and efficient internal communication with employees.

Appendix B

Invitation to Participate

Date

Chief Information Officer

Hospital Name

Hospital Address

City, State Zip

To Whom It May Concern:

Studies indicate that effective communication is vital to organizational success. I am a graduate student at East Tennessee State University, a doctoral research university located in Johnson City, Tennessee and my research examines the effectiveness of internal hospital communication methods.

As the Chief Communication Officer in a Tennessee hospital, I invite you to provide your opinions regarding intra-organizational communications by completing the enclosed brief survey. *In order to thoroughly understand this important topic, it is important that each survey be completed and returned. If you are not the communication officer at your hospital, please forward this communication to the appropriate person at your facility.*

This survey has been numerically coded so that I may follow-up with those who have not responded. This number allows me to remove your name from the list of those not responding and follow up with those individuals. There is only minimal risk of loss of confidentiality due to being able to connect a person with the designated position at the hospital.

Completing the survey should only take about 10 minutes of your time and your participation in this study is voluntary. There are no known adverse effects from your participation. While your input is valuable to the understanding and improvement of hospital communication strategies, you may choose not to participate. If you choose not to participate, it will not affect you in any way. You may withdraw from the study at any time by notifying me.

If you have any questions regarding this study, you may contact me at (423) 754-7506. I am working on this project under the supervision of Dr. Randy Byington. You may reach him at (423) 547-4914. Also, the chairperson of the Institutional Review Board (IRB) at East Tennessee State University is available at (423) 439-6055 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you cannot reach the study staff, you may call the IRB Coordinator at (423) 439-6055 or (423) 439-6002.

Sincerely,

Amber L. Suthers

Appendix C

Follow-up letter

Date

Chief Information Officer

Hospital Name

Hospital Address

City, State Zip

Last week, you received a survey soliciting your opinions regarding effective communication in hospitals.

If you have returned your survey, thank you! If not, please do so today. *In order to thoroughly understand this important topic, it is important that each survey be completed and returned. If you are not the communication officer at your hospital, please forward this communication to the appropriate person at your facility.*

If you did not receive the survey, or if you have misplaced it, please contact me at (423) 754-7506 or at lipeal@etsu.edu as quickly as possible so that I may follow up.

Thank you again for your willingness to participate in this research.

Amber L. Suthers

Appendix D

Comments

Please list barriers that you feel prevent effective and efficient internal communication with employees.

“Fear of retaliation and lack of ability to make changes locally.” (Rural)

“Sometimes employees fear retaliation for speaking up. They also feel that management isn’t listening. Employees also feel unmotivated and discouraged from upward communication as they don’t see changes from past communication. From a leadership perspective, it is difficult to find “time” for effective and efficient communication as leaders are continually in meetings and covered up with pressing issues which is a distraction from effective communication. Many times subordinates fail to engage in communication as they feel inferior to superiors and that they will be made to feel beneath someone with superior qualifications (i.e. CNA to RN or RN to physician).” (Rural)

“Fear of retaliation/fear of speaking up; At least half of the staff do not check e-mail; being complacent with this is how we have always done it.” (Rural)

“Upper management (executive level) need to be open (transparent).” (Non-rural)

“Front line clinical staff may not have time to check and read lengthy e-mails.

Housekeeping/dietary staff does not have e-mail or regular access to. Meetings are a good way to pass a lot of knowledge/information at one time, but are very time consuming and may lead to increased payroll (pay staff to attend meeting and other staff for patients).” (Non-rural)

“The biggest barrier would be the lack of engagement from employees, We’ve sent out numerous forms of communication, but if the employees don’t read it or pay attention, then it is pointless.” (Rural)

- “1. Directors don’t disseminate information to their managers/employees.
2. We have 5 campuses.
3. Lack of effective intranet.
4. Lack of funds.
5. Lack of staff.” (Non-rural)

VITA

AMBER LIPE SUTHERS

Education: Public Schools, Rogersville, Tennessee
B.S. Allied Health: Radiography, East Tennessee State University,
Johnson City, TN 2009-2011
M.S. Allied Health: Administration and Clinical Instruction, East
Tennessee State University, Johnson City, TN 2013-2017

Professional Experience: Medication Therapy Management and Medicare Part D Specialist,
Surgoinville Pharmacy, Surgoinville, TN 2016-present
Radiologic Technologist and HIPAA Officer, Laughlin Medical
Group, Greeneville, TN 2011-2016

Honors: Lambda Nu- National Honor Society for Radiologic and Imaging
Sciences, January 2010
Alpha Eta Society, January 2011