

Organizational Communication : A Case Study of a Large Urban Hospital

Les communications à l'intérieur de l'entreprise : l'exemple d'un grand hôpital urbain

Harish Jain

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Article abstract

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Organizational Communication : A Case Study of a Large Urban Hospital

Harish C. Jain

The hospital study described here is one of a variety of organizational communication studies in several different countries and organizations as part of the International Communication Association's Communication Audit Project.

Chester Barnard was the first to assign a central place to communication in organizational effectiveness. Almost four decades ago, he saw communication as a major shaping force in linking people and purpose together.¹ Since Barnard, a number of behavioural scientists have underlined the importance of communication in contributing to organizational effectiveness.² Roberts and O'Reilly have suggested that if communication is good, an organization's performance and effectiveness will also be good.³ Porter and Roberts have said that «communication is everywhere in organization... that it is the 'water' that the organizational researcher 'fish' seem to discover last.⁴ Using a social systems perspective, Katz and Kahn have suggested that an orga-

JAIN, H.C. Associate Professor, Faculty of Business, McMaster University, Hamilton, Ontario

¹ Chester I. BARNARD, *The Functions of the Executive*, (Cambridge, Mass.: Harvard University Press, 1938). In postulating the crucial role of communication in an organization, Barnard stated, «In an exhaustive theory of organization, communication would occupy a central place, because the structure, extensiveness, and scope of organization are almost entirely determined by communication techniques».

² Alex BAVELAS and Dermot BARRETT, «An Experimental approach to Organizational communication», *Personnel*, 27, (1951), 366-371. Also see John T. Dorsey, Jr., «A Communication Model for Administration», *Administrative Science Quarterly*, 2, (1957), 307-324.

³ This view seems to be based on Likert's work in which he presents communication as an «intervening variable» affected by such «causal variables» as leadership behaviour, organizational climate and structure and affecting such «end-result variables» as job satisfaction, performance and profits. See R. LIKERT, *The Human Organization: Its Management and Value*, (New York: McGraw-Hill, 1967). For K. ROBERTS & C. O'REILLY, *Some Problems in Measuring Organizational Communication*, Technical Report #2, Contract # N000314-69-A-0200-1054, (Washington, D. C.: Office of Naval Research, May, 1973).

⁴ L. PORTER and K. ROBERTS, *Communication in Organizations*, Technical Report # 12, Contract # N00014-69-A-0200-9001 NR 151-315, (Washington, D. C.: Office of Naval Research, July 1972).

nization receives its physical and energetic inputs, accomplishes its work goals and interfaces with the environment all through communicative acts.⁵ Similarly, behavioural decision theorists have contended that communication is critical in organizations in which people are assigned roles to accomplish objectives.⁶ In order to accomplish these objectives, people use information to make choices among a range of alternatives. The information they receive and send is a function of their role relationship in their organization. Making choices based on information will help people control entropy, or remove «equivocality from the informational environment.»⁷ This is because information is needed by the participants to control the entropy associated with events such as resolving interdepartmental conflicts, or reducing employee dissatisfaction. Thus, the importance of communication to an organization is in its salience as the process which connects the system parts to each other and the system to its environment.⁸

This is especially so in the case of a hospital. A hospital has little tolerance for either ambiguity or errors since human life is at stake; it is a human rather than machine system. It is a highly departmentalized, professionalized and specialized organization in which principal workers are professional requiring a great deal of coordination. Authority is shared, though not equally, by the board of trustees, the doctors, and the administrator. This means that authority does not emanate from a single source and does not flow along a single line of command as it does in most business organizations.⁹ These and other characteristics of the hospital as an organization call for much greater coordination through communication, even more so than in a business

⁵ Daniel KATZ and Robert KAHN, *The Social Psychology of Organizations*, (New York: Wiley, 1966).

⁶ H. SIMON, *Administrative Behaviour*, (New York: Macmillan, 1945). Also see, J. March and H. Simon, *Organizations*, (New York: Wiley, 1958). R. Cyert and J. March, *A Behavioural Theory of the Firm*, (Englewood Cliffs, N.J.: Prentice-Hall, 1963).

⁷ K. WEICK, *The Social Psychology of Organizing*, (Reading, Mass.: Addison Wesley, 1969).

⁸ Gerald M. GOLDHABER, «The ICA Communication Audit: Rationale And Development,» paper presented at the Academy of Management Conference in Kansas City, August 11-14, 1976.

⁹ Basil S. GEORGOPOLOUS and Floyd C. MANN, *The Community General Hospital*, (New York: Macmillan, 1962).

organization.¹⁰ Revans,¹¹ Georgopolous and Mann¹², and Jain¹³, have found that communication effectiveness in hospitals is related to employee morale, performance and to patient recovery rates.

Despite the importance of communications in organizational effectiveness in general and in hospitals in particular, the empirical evidence remains difficult to come by.¹⁴ A review of the (organizational communication) literature reveals that most studies have ignored the multivariate approach which is crucial to the complete understanding of an organization and its numerous independent variables. Moreover, these studies have also failed to replicate their procedures in a variety of different organizations.¹⁵

At the applied level, communication is seldom recognized as an important managerial function despite empirical evidence that organizations were generally ineffective in downward, upward, and horizontal communications.¹⁶ As Greenbaum¹⁷ has pointed out, most organizations fail to specify their communication policies, let alone designate executive positions to administer overall communication systems.¹⁸

¹⁰ In the case of an average manufacturing organization, instead of care of patients, the focus is on producing some uniform material object; economic value is supreme; the formal source of authority is one, and; the high proportion of professional, specialized personnel need only be in staff rather than line capacity, etc.

¹¹ R. W. REVANS, *Standards for Morale: Cause and Effect in Hospitals*, (London: Oxford University Press, 1964).

¹² Basil GEORGOPOLOUS and Floyd C. MANN, *op. cit.*

¹³ Harish C. JAIN, «Supervisory Communication and Performance in Urban Hospitals,» *The Journal of Communication*, 23, 1 (March, 1973), 103-117.

¹⁴ Charles A. O'REILLY III and Karlene H. ROBERTS, «Communication: A Way of viewing Organizations,» paper presented at the Annual Meeting of the Academy of Management, September 1974, at Seattle, Washington.

¹⁵ Robert M. CARTER, *Communication in Organizations*, (Detroit, Michigan: Gale Research, 1972). Also see, Gerry GOLDHABER, «Organizational Communication: State of the Art, 1975», a paper delivered at the International Symposium in Communication, Monterrey, Mexico, October 29th, 1975. Charles W. REDDING, «The Empirical Study of Human Communication in Business and Industry», in Paul E. Ried (ed.), *Frontiers in Experimental Speech Communication Research* (Syracuse, N.Y.: Syracuse University Press, 1966), 47-81. Charles W. REDDING, *Communication Within the Organization*, (New York: Industrial Communication Council, 1972).

¹⁶ Philip K. TOMPKINS, «Organizational Communication: A State of the Art Review», in Gary M. Richetto (ed.), *Conference on Organizational Communication*, (Huntsville, Ala.: George C. Marshall Space Flight Centre, NASA, 1967), 4-26.

¹⁷ Howard H. GREENBAUM, «The Audit of Organizational Communication», *Academy of Management Journal*, Vol. 17, No. 4, (1974), 739-754.

¹⁸ Geneva, SEYBOLD, *Employee Communication: Policy and Tools* (New York: National Industrial Conference Board, 1966). Norman B. Sigband, «Needed: Corporate Policies on Communication», *Advanced Management Journal*, 34: 2, (1969), 61-67.

Needless to say, it is necessary to perform periodic and formal appraisals of the general communication system in order to maintain and develop its effectiveness.¹⁹ The International Communication Association's (ICA) Communication Audit Project is an attempt to alleviate the above mentioned research and applied problems.

The project, begun in 1971, was developed to devise a valid and reliable measurement system whose rigorous pilot-testing, refinement, standardization and application would allow the construction of a normed computerized data.²⁰ The hospital study described here²¹ is one of a variety of organizational communication studies in several different countries and organizations as part of the ICA Communication Audit Project.

METHODOLOGY

The community general hospital in this study is located in a large Canadian city and has about 600 beds and 1700 employees. The hospital is divided into five major sectors: Nursing (768 employees), Administration (23 employees), Administrative Services (432 employees), Medical Staff (185 employees), and Paramedical Services (323 employees). Additionally, there are about 140 doctors in residence at the hospital.

A total of three instruments were used in the audit: a survey questionnaire, an interview guide, and a critical incident recording sheet.

977 or approximately 70 percent of those available (1400)²² during the time that the questionnaire was administered completed the questionnaire.

Comparisons of those completing the questionnaire with the various departmental populations showed a normal distribution across the hospital with the exception of the medical sector.

¹⁹ Howard H. GREENBAUM, *op. cit.*

²⁰ Gerald M. GOLDHABER, «The ICA Communication Audit...» *op. cit.*

²¹ The field work for the study was conducted by Gerald GOLDHABER, Hilary HORAN, Tom PORTER, Don ROGERS, Michael RYAN and Harish JAIN and numerous other students from State University of New York at Buffalo, and several Ontario Universities.

²² Excluded were 200 «floating» nurses and approximately 100 additional employees to account for a normal day's absenteeism due to sickness, vacation, etc.

The interviews and the critical incident forms were completed by 140 or 10 percent of the hospital population, randomly selected in a stratified manner according to each department's population base.

MEASUREMENT

The survey questionnaire and the interview guide had the same nine sections. The sections, along with the number of items in each section of the survey questionnaire are reported below:

1. Downward Communication	25
2. Upward Communication	11
3. Sources of Information	12
4. Quality of Information from Key Sources	16
5. Channels of Communication	10
6. Communication Relationships	43
7. Organizational Outcomes	11
8. Physical Communication Constraints	4
9. Perceived Roles	5

The questionnaire measured respondent *satisfaction* with each of the above mentioned key communication dimensions. Additionally, the *importance* of many of these questions was measured.

The reliability coefficients of each of the dimensions were as follows:

Downward communication satisfaction	—	.93
Downward communication importance	—	.90
Upward communication satisfaction	—	.89
Upward communication importance	—	.84
Sources — satisfaction	—	.84
Sources — importance	—	.85

Key sources

supervisor	—	.86
subordinate	—	.83
co-worker	—	.89
top-management	—	.89

Channels

satisfaction	—	.83
importance	—	.82

Relationships	—	.91
Outcomes	—	.87
Physical environment	—	.74

FORMAT FOR ANALYZING RESULTS

For the sake of brevity and clarity, a criteria was devised for reporting and analyzing the results for inclusion in this paper. Unless otherwise specified, the upper quartile for high and low communication relationships are reported throughout. For instance, the section on downward communication contained 25 items. The *six* items of highest satisfaction to respondents and the *six* items of lowest satisfaction are reported for analysis and so on for other sections with a large number of items.

RESULTS AND DISCUSSION

Downward Communication

This section of the questionnaire deals with how satisfied employees are with information they *receive* from management on certain topics. The six items with the highest degree of dissatisfaction and the six items with the most satisfaction are reported for the entire hospital.

35-41% of the hospital employees are LEAST satisfied with information they receive about such hospital-wide concerns as the new hospital, how hospital decisions are made and their reasons, management problems, mistakes, etc., and the first three of these were rated as very or extremely important to the employees.

58-65% of the employees are MOST satisfied with information they receive about such individual concerns as pay and benefits, progress in their work, their job requirements and results, etc., and all of these were rated as highly important.

Upward Communication

This section of the questionnaire deals with how satisfied employees are with their opportunity to *send* information to management on certain topics. The three items with the highest degree of dissatisfaction and the three items with the most satisfaction are reported for the entire hospital.

TABLE 1**Low Satisfaction**

	Cumulative Percentage ¹	Average ²
* Plans for new hospital	41.0	2.78
* Hospital decisions made affecting your work	38.6	2.97
* Reasons for important management decisions	38.4	2.78
Specific problems management faces	36.0	2.84
Mistakes and failures of hospital	35.8	2.80
News and reports from other departments	35.7	2.93

* 50 or more respondents rated this item as either «very» or «extremely» important.

¹ Represents cumulative frequencies for the item as converted into cumulative percentages

² Represents average of the item from 1 «very dissatisfied» to 5 for «very satisfied».

TABLE 2**High Satisfaction**

	<i>Cumulative Percentage</i>	<i>Average</i>
* Pay and Benefits	64.6	3.61
* Progress in your work	64.5	3.68
* Your work requirements	64.2	3.69
* Results of your work	63.0	3.66
* Reasons for specific tasks you are given	59.5	3.58
* Hospital policies	58.4	3.48

31-34% of the hospital are LEAST satisfied with their opportunity to send management information about suggestions for improving their job, evaluations of their superiors, and opinions about the newly planned hospital. All of these items were rated as highly important to the respondents.

55-65% of the employees are MOST satisfied with their opportunity to send management requests for more information needed to do their

TABLE 3
Low Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
* Suggestions for improving your job	33.5	3.23
* Your evaluation of superiors	32.1	3.19
* Opinions about the new hospital	31.9	2.88

TABLE 4
High Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
* Requests for information needed to do your job	64.8	3.74
* Reports of work progress	55.6	3.51
* Requests for clarification of confusing work instructions	55.3	3.55

* 50% or more of respondents rated item as either «very» or «extremely» important.

jobs, reports of their work progress, and requests to clarify confusing work instructions. All of these items were rated as highly important.

Sources of Information

This section of the questionnaire deals with how satisfied employees are with the various sources from which they receive information. The three items with the highest degree of dissatisfaction and the three items with the most satisfaction are reported for the entire hospital.

TABLE 5
Low Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
* Top Management	32.2	3.03
* Department meetings	31.1	3.14
* Boss's superior(s)	30.7	3.10

TABLE 6

High Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
* Your boss	66.7	3.73
* Co-workers	66.5	3.81
Hospital newsletter	55.3	3.53

* 50% of more of respondents rated item as either «very» or «extremely» important.

About 30-32% of the hospital employees are LEAST satisfied with top management, department meetings and their boss' superior(s) as sources of information, all of which were rated as highly important.

About 55-67% of employees were MOST satisfied with their boss, their co-workers and the newsletter as information sources, the first two of which were rated as highly important.

Quality of Information from Key Sources

This section of the questionnaire deals with the «quality» of information (clarity, appropriateness, timeliness, believability) received from four key information sources (supervisor, subordinates, co-workers, top management). For this section of the questionnaire, averages for all 16 items are reported plus the average for all four sources on a given trait. This will allow comparisons among sources for a given trait of information quality. For example, for supervisor, an average of 3.57 is reported for clarity of information received. In parentheses, an average of 3.48 is reported for all four sources on the trait, clarity. This means that hospital employees report that information received from their supervisors is clearer than information received from other sources.

Employees view messages received from all four sources as being clear, appropriate and believable. Timeliness (getting messages on time) was not rated as high as these other traits and may be a problem affecting messages from all four sources. On all traits, the supervisor and top management were rated higher (on the average) than subordinates or co-workers. This indicates that the earlier dissatisfaction with top management as a source of information may be attributed to the amount of kinds of information exchanged rather than the quality of information exchanged.

TABLE 7

		<i>Average for trait for this source</i>	<i>Average for trait for all sources</i>
Supervisor	Clarity	3.57	(3.48)
	Appropriateness	3.45	(3.44)
	Timeliness	3.15	(3.25)
	Believability	3.70	(3.61)
Subordinate	Clarity	3.43	(3.48)
	Appropriateness	3.39	(3.44)
	Timeliness	3.29	(3.25)
	Believability	3.53	(3.61)
Co-workers	Clarity	3.49	(3.48)
	Appropriateness	3.39	(3.44)
	Timeliness	3.31	(3.25)
	Believability	3.47	(3.61)
Top Management	Clarity	3.42	(3.48)
	Appropriateness	3.53	(3.44)
	Timeliness	3.28	(3.25)
	Believability	3.70	(3.61)

Channels of Communication

This section of the questionnaire deals with how satisfied employees are with the various channels through which information is communicated. The three items with the highest degree of dissatisfaction and the three items with the most satisfaction are reported for the entire hospital.

TABLE 8
Low Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
Public address system	23.0	3.10
Tape recordings	22.9	2.82
Video tape presentations	22.1	2.87

22-23% of the employees are LEAST satisfied with public address, tapes and video presentations, and 50-64% are MOST satisfied with face-to-face, written and telephone channels of communication. It appears that employees favour the software of communication as to the hardware, and do not rate the hardware as being too important.

TABLE 9

High Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
* Face to face	64.3	3.77
* Written	60.1	3.67
* Telephone	50.3	3.42

* 50% or more of respondents rated item as either «very» or «extremely» important.

Communication Relationships

This section of the questionnaire deals with the extent to which employees maintain effective or ineffective communication relationships with others in the hospital.

TABLE 10

Ineffective Relationships

	<i>Cumulative Percentage</i>	<i>Average</i>
Extent of your influence on hospital activities	63.3	2.03
Extent you're involved in hospital achievements	53.5	2.31
Extent hospital rewards outstanding performance	48.7	2.39
Extent feedback received about your work performance	41.0	2.62
Extent you have a say in decisions affecting your work	37.3	2.75
Extent hospital encourages differences of opinion	36.0	2.67
Extent different departments share information	34.4	2.71
Extent boss praises you	32.9	2.90
Extent hospital follows organizational chart	30.6	3.18
Extent you're free to say what you want in the hospital	27.8	2.89

TABLE 11
Effective Relationships

	<i>Cumulative Percentage</i>	<i>Average</i>
Extent boss is familiar with your work	66.9	3.87
Extent you like working in this hospital	65.6	3.90
Extent boss makes you feel confident in doing your job	63.4	3.82
Extent you think your boss trusts you	60.7	3.75
Extent you co-workers get along with each other	60.4	3.73
Extent you trust your boss	60.2	3.75
Extent your boss is honest with you	58.5	3.70
Extent you trust your co-workers	57.2	3.70
Extent people in your department respect on another	56.6	3.66
Extent you can tell your boss when things are going wrong	51.4	3.50

Most of the ten items contributing to ineffective relationships indicate a pattern of alienation among many hospital employees. 53-63% of the employees feel they have little influence or involvement in hospital activities or achievements. One of the components of alienation — «powerlessness» — seems to follow from the results of degree of influence on the hospital. 27-37% of the employees feel they have little say in decisions affecting their work, or are free to say what they want, possibly because they feel the hospital does not encourage differences of opinion. There also seems to be a lack of recognition, praise and rewards in the hospital, as evidenced by the 33-49% of the employees who feel the hospital provides few rewards for outstanding performance, who receive little feedback about their work performance, or who feel their bosses praise them little. In sum, many employees appear alienated, due to lack of input, influence and recognition.

Most of the ten items contributing to effective relationships are related to employees' immediate work environment. Most employees trust their boss, feel he/she is honest and has confidence in and is familiar with their work. The trust, respect and get along with their co-workers; and they like working in the hospital. This is consistent with the earlier finding that employees are most satisfied with their boss and co-workers as sources of information.

Organizational Outcomes

This section of the questionnaire deals with how satisfied employees are with the general conditions and overall environment in the hospital. The three with the highest degree of dissatisfaction and the three with the most satisfaction are reported for the entire hospital.

TABLE 12

Low Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
Hospital's attempts to keep you informed	28.0	3.16
Chances for getting ahead in the hospital	27.3	3.14
Hospital's overall communication efforts	26.4	3.19

TABLE 13
High Satisfaction

	<i>Cumulative Percentage</i>	<i>Average</i>
Your work	79.1	4.14
Your relationship with people in department	78.9	4.15
Your relationship with your boss	69.1	3.92

26-28% of the hospital employees are LEAST satisfied with their chances to get ahead and with the hospital's overall communication efforts and attempts to keep them informed.

69-79% of the employees are MOST satisfied with their work and working relationships with their co-workers and boss. This is also consistent with previous findings indicating high satisfaction among employees with their immediate work environment and close working associates.

Physical Communication Constraints

This section of the questionnaire deals with the extent to which communication is enhanced or restricted by the ease with which the two parties can get together.

TABLE 14

Physical Communication Constraints

	<i>Cumulative Percentage</i>	<i>Average</i>
Extent physical distances make face-to-face meetings awkward	20.7	2.82
Extent written messages do not arrive on time	17.3	2.67
Extent conference facilities are inadequate	21.8	2.85
Extent you're unable to make contact in emergencies	17.5	2.58

17-21% of employees perceived physical constraints (distances, timing, facilities, etc.) to be a great problem. Most employees felt that «to some extent» this was a problem.

Perceived Roles

This section of the questionnaire deals with how (as a co-worker, subordinate, or superior) hospital employees view each other. Cumulative percentages are reported for how all employees view employees in each sector.

TABLE 15

Perceived Roles

	<i>Cumulative % co-worker</i>	<i>Subordinate</i>	<i>Superior</i>
Medical Staff	48.6	5.0	37.5
Nursing Staff	76.0	6.2	8.5
Administration	16.4	3.7	69.7
Paramedical Services	67.1	9.2	13.0
Administrative Services	36.9	7.0	45.0

Most staff view the medical staff as either their co-worker or their superior; nurses are viewed mostly as co-workers; administration mostly as superior; paramedical services mostly as co-workers; administrative services are viewed as either co-workers or superiors. None of the sectors are viewed by many staff as subordinates.

SUMMARY OF CONCLUSIONS FOR ENTIRE HOSPITAL

The hospital does an effective job of communicating information downward and upward to employees that they need to do their immediate jobs; but the hospital may have overlooked communicating information related to how employees fit into the hospital as a large complex organization with five sectors. Employees are most satisfied with information they get from sources closest to them — their boss and co-workers — whom they like, trust, get along with, and speak most frequently to about job-related matters. They are least satisfied with sources removed from them — their boss' superior(s) and top management — whose information they believe is of high quality (clear, appropriate, believable), but not always the right kind or in the right amounts. Whoever the source, face-to-face or written channels are preferred to communication hardware, and physical constraints (distances, conference facilities, etc.) do not seem to impede communications too greatly.

Most employees are highly satisfied with their work, working conditions and relationships. Unfortunately, because of the lack of sufficient information related to hospital-wide concerns (the new hospital, how hospital decisions are made, management problems, mistakes, etc.), because of a lack of influence in hospital-wide activities and involvement in hospital achievements, because of a lack of input in matters affecting them and their work, and lastly because of a lack of recognition, praise, rewards and positive feedback, most employees feel alienated in the hospital.

Sectoral Differences

There are sectoral differences to these overall results. Generally speaking nurses feel more alienated than most hospital employees. They are more dissatisfied with areas of low satisfaction and less satisfied with areas of high satisfaction than is the rest of the hospital. Their alienation is probably due to lack of praise, recognition and rewards. The sources with whom they are least satisfied are top management and their boss's superior(s). They seem quite satisfied with pay and co-workers.

Administration generally is more satisfied on the high satisfaction and less dissatisfied on the low satisfaction areas of communication than is the rest of the hospital. They do not seem alienated probably due to their influence, power, and input in decision-making. They are least satisfied with information they get about promotion opportunities, hospital policies and government policies.

Administration, medical and paramedical services seem to feel about the same towards communication as the hospital as a whole, and in about the same percentages.

Interview results supported survey conclusions on all nine dimensions for the hospital as a whole.

The following comments by each of the five sector respondents present a flavour of the issues seen from their respective perspectives.

Nursing Sector

« There is definitely a lack of stroking here... after the strike was over (the recent strike in the other hospitals) we never got one word of thanks from anyone in our hospital about the great job we did in handling the overload in maternity. »

« We don't see the nursing Director as much as we'd like to... I've been here 8 years and she's never spoken to me.... »

Administrative Sector

« The major conflict in the hospital is over its direction as a teaching or service organization. »

« The Director of the hospital is not that visible... she rarely gives any positive recognition... she needs to spend more time on hospital public relations and less on details of running the hospital.... »

Administrative Services Sector

« Accounting needs more information on the new hospital. »

« Admitting needs better co-ordination with O.R.... some patients don't show up for operations or are put in different wards.... »

Medical Sector

« The real problem is that the Doctors think they're God... many are chauvanists and think nurses are inferior simply because most are women... team medicine is doomed until the M.D. is ready to respect the other members of the team... team medicine is O.K. as long as the doctor heads up the team.... »

« Nurses, pharmacists, lab technicians are all looking for a new role, and at our expense... we're getting squeezed by people with inferior education and training... someone's got to be in charge of the patient and the doctor is the best trained and qualified.... »

«The medical student is left out... he's not represented anywhere and doesn't really know where he fits into the hospital... the Dean of the Medical school isn't that involved...»

Paramedical Sector

« $\frac{1}{3}$ to $\frac{1}{2}$ of the lab tests are unnecessary... about \$ $\frac{1}{2}$ million in unnecessary lab tests is wasted every year... the problem with the waste in the lab is the nurse not knowing what the tests are that the doctor orders... the problem in the lab is the intern who orders all the tests because he doesn't know which ones to order; we saved quite a bit of money in the lab during the last intern strike.»

«The pharmacy is unaware of the lab results when a drug is prescribed for a patient; too many patients get the wrong drugs in the wrong dosages; it happens all the time.»

Critical Incidents

197 critical incidents were generated from the 140 interviews, 59 of which were describing effective communication situations and 158 describing ineffective episodes.

TABLE 16

Effective Communication Incidents		
<i>Category</i>	<i>Definition (Communication episodes related to —)</i>	<i>Number of Incidents</i>
Channel Usage	Media, procedures, grapevine, written, oral problems etc.	17
Feedback	Follow-up, response, action	14
Information adequacy	Adequacy or amount or completeness of information, redundancy	10
Input	Opportunity for input on decision-making	7
Recognition	Stroking, praise, recognition	4
Information Clarity	Degree of clarity or ambiguity in messages	4
Conflict	Interpersonal, departmental or inter-departmental conflicts	2
Proximity	Accessibility, physical distance	1
TOTAL		59

TABLE 17

Ineffective Communication Incidents

<i>Category</i>	<i>Definition</i>	<i>No. of Incidents</i>
Information adequacy	Insufficient, incomplete, inadequate, or delayed information	39
Feedback	Lack of follow-through, response or over-reaction	26
Blockage	Message distortion (intentional) lack of desire to communicate, information exists but doesn't reach destination	17
Information clarity	unclear messages, ambiguous or vague	14
Conflict	Interpersonal, departmental or interdepartmental conflicts	14
Channel Usage	Problems associated with media, procedures, grapevine, or oral/written usage	11
Input	Opportunity lacking for input on decision-making	8
Proximity	Physical separation or distance inaccessibility	4
Language	Problems due to bilingualism or semantics or multiple referents	4
Role	Conflicts over different perceptions of what roles different personnel should assume; ignorance of roles	1
TOTAL		138

CONCLUSIONS

1. 70% of the critical incidents reported *ineffective* situations. Since respondents were encouraged to describe an equal number of both effective and ineffective incidents, there may be more negative communication behaviours apparent in the hospital than positive.
2. 81% of the EFFECTIVE critical incidents related to proper use of channel, adequate follow-up of messages, completeness of information and input into decision-making.
3. 80% of the INEFFECTIVE critical incidents related to insufficient or inadequate information, lack of follow-through, message distortion, lack of clarity and conflicts.
4. The findings on effective channel usage, follow-up and completeness of information are consistent with earlier findings from the interviews and survey; completeness of information is consistent

IF they are referring to the information they need to do their jobs (which, in the survey, was a highly satisfactory item throughout the hospital).

5. The findings on insufficient information and lack of follow-through as ineffective critical incidents are consistent with earlier survey and interview findings IF they are referring to the lack of a particular kind of information — namely, dealing with hospital mistakes, problems, how decisions are made (« the big picture »).

IMPLICATIONS

The foregoing results present a snapshot of one hospital's communication practices. A continuous program of appraisal is needed in order to maintain and develop the communication system in this hospital. This is so because changes in external (economic, labour market, etc.) and internal (structural, marketing etc.) environment of the organization require changes in organizational communication. It is a never ending job. It is this hospital's task to evaluate the communication practices analyzed here and to design appropriate plans for a continuous communication audit.

Les communications à l'intérieur de l'entreprise : L'exemple d'un grand hôpital urbain

Dans l'article précédent, l'Auteur analyse le phénomène des communications à l'intérieur d'un hôpital. L'hôpital ne laisse que peu de place à l'équivoque et aux erreurs, puisque c'est la vie humaine qui est en jeu. D'autre part, il s'agit d'une organisation compartimentée, spécialisée qui requiert beaucoup de coordination entre des services où le personnel est formé, en bonne partie, de travailleurs professionnels. De même, l'exercice de l'autorité est partagé entre le bureau de direction, le corps médical et l'administration, ce qui signifie qu'elle ne provient pas d'une source unique comme dans une entreprise industrielle et ce qui impose l'établissement d'un bon réseau de communications de manière à assurer la coordination de ses parties intégrantes.

L'institution, où cette analyse des communications a été étudiée en profondeur, est un hôpital général situé dans une grande ville canadienne; il compte 600 lits et emploie 1700 personnes; il se divise en cinq principaux secteurs: le nursing, (768 employés), l'administration (23), les services administratifs (432), le personnel médical (185) et les services paramédicaux (323). De plus, on y compte 140 médecins résidents.

Pour faire l'enquête, on a utilisé un guide d'entrevue, un questionnaire d'enquête et un dossier des incidents graves. 977 employés ont répondu au questionnaire; les entrevues et les formules d'incidents critiques ont touché 140 personnes, soit dix pour cent du personnel. Le questionnaire et le guide d'entrevue contenaient les neuf sections suivantes: information descendante, information ascendante; sources d'infor-

mation, qualité de l'information, canaux de communication, rapports de communication, appréciation des résultats de l'institution, contraintes physiques qui entravent les communications et enfin, la façon dont les divers groupes d'employés perçoivent leurs rôles.

L'Auteur rapporte ensuite les résultats qui ont été obtenus à la suite de cette consultation.

En ce qui concerne l'information descendante, entre 35 et 41 pour cent des répondants se déclarent insuffisamment informés au sujet du projet de la construction d'un nouvel hôpital, des décisions de la direction et des raisons qui les motivent, des problèmes de la direction. Par contre, de 58 à 65 pour cent estiment qu'ils sont satisfaits de l'information pour ce qui les touche individuellement: salaires, avantages sociaux, progrès dans leur travail, etc..

Quant à l'information ascendante, 31 à 35 pour cent des répondants estiment qu'ils n'ont pas la chance de faire parvenir à la direction les suggestions qu'ils voudraient faire pour améliorer leur tâche, évaluer leurs supérieurs et pour exprimer leur opinion au sujet du projet du nouvel hôpital. D'autre part, entre 55-65 pour cent d'entre eux sont satisfaits lorsqu'il s'agit pour eux d'obtenir les renseignements nécessaires à l'exécution de leur travail et à la clarification des directives.

Au sujet des sources d'information, de 30 à 32 pour cent des répondants ne sont pas satisfaits des assemblées de département organisées par la direction de l'entreprise, tandis que 35 à 67 pour cent se déclarent satisfaits de l'information qu'ils reçoivent de leur supérieur immédiat, de leurs collègues et par l'intermédiaire de bulletins. En ce qui concerne la qualité de l'information, d'une façon générale, on considère que les messages sont clairs, appropriés, crédibles; on leur reproche toutefois de n'être pas toujours transmis à temps. On n'aime guère comme moyens d'information le discours public, les enregistrements et les cassettes, la plupart préférant la directive orale de personne à personne, le téléphone, ou le message écrit.

Au sujet de l'analyse des rapports entre le personnel et la direction, les répondants ressentent un certain sentiment d'aliénation. Au delà de la moitié des employés considèrent qu'ils n'ont que peu d'influence sur les activités de l'hôpital, qu'ils ont assez peu de choses à dire dans la prise des décisions se rapportant à leur travail, que la divergence d'opinion n'est pas encouragée. En résumé, beaucoup d'employés paraissent aliénés parce qu'ils se sentent sans influence et qu'on ne reconnaît pas leurs services. Toutefois, la plupart des employés ont confiance dans leur supérieur immédiat qu'ils estiment honnête et compétent. Elles déclarent bien s'entendre avec leurs collègues et aimer travailler dans l'institution.

Les employés sont-ils satisfaits des conditions générales qui existent à l'hôpital? Un quart d'entre eux environ ne le sont pas, quoiqu'ils se disent contents en majorité de leur tâche et des relations qu'ils entretiennent avec leurs collègues. En ce qui touche les contraintes physiques, un certain nombre d'entre eux estiment qu'il s'agit là d'un problème important.

De cette étude, l'Auteur conclut que l'institution fait un effort véritable pour assurer l'information ascendante et descendante nécessaire aux employés dans l'accomplissement de leur tâche, mais il estime qu'elle ne se préoccupe pas suffisamment de leur indiquer le rôle qu'ils ont à jouer dans une organisation aussi complexe. En effet, les employés se déclarent plus satisfaits de l'information qu'ils reçoivent des sources les

plus proches d'eux, comme leur supérieur immédiat et leurs collègues, que de celle qui vient de la haute direction.

D'une façon générale, les garde-malades se plaignent davantage d'être aliénées et leur aliénation paraît surtout attribuable au fait que leur travail n'est pas suffisamment apprécié, car elles sont satisfaites de leur salaire et de leurs relations avec leurs collègues. Du côté du personnel de l'administration, il ne semble pas y avoir d'aliénation. Ceci peut s'expliquer par son influence et sa participation à la prise des décisions. Pour résumer la situation d'ensemble, l'Auteur cite un certain nombre d'observations qui ont été faites par les répondants: Une infirmière, déclare qu'en huit ans de travail, la directrice du nursing ne lui a jamais adressé la parole, un administrateur souligne que le directeur de l'hôpital n'est pas visible, un comptable se plaint de ne rien savoir concernant le projet de construction du nouvel hôpital etc...

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