MAKING TIME TO COMMUNICATE:

A CASE OF INTERNAL CHANGE COMMUNICATION WITHIN A DISTRICT HEALTH BOARD IN NEW ZEALAND

A thesis submitted in partial fulfillment

of the requirements for the

Degree of Master of Commerce in Management

at the University of Canterbury

by

Janika N.M. Lawrence

University of Canterbury

2011

Acknowledgements

I would like to express my appreciation towards the staff and management of the DHB at the heart of this study. Thank you for sponsoring this project and allowing me into your organisation. You all do a wonderful job and I am grateful to those of you who you gave your time to participate in this study.

Special thanks to my supervisors, Associate Professor Colleen Mills and Dr Donald Matheson, who have provided exceptional support and guidance throughout this project. Colleen, your enthusiasm for the subject is infectious and your constant encouragement is much appreciated.

I would also like to acknowledge the wonderful support I have received from my work colleagues at Ravensdown. Your understanding and encouragement over the last year and a half has been more than I could have asked for. I definitely owe you a chocolate cake!

Finally, I would like to thank my family for the sacrifices they have made and the support they have given me throughout all my years of study. To my fiancé Randika, thank you for being there for me during this project and over the last five years. Your motivation and the example you set, have encouraged me to do well in all my endeavours. Without your love and the faith you have in me, I would not have got this far, so I am forever grateful.

Abstract

Communication is fundamental to the ongoing function of an organisation. Its study is important in order for communication managers to refine internal communication processes and achieve employee engagement, particularly with change communication. To gain a comprehensive understanding of the way communication is experienced in an organisation, it is necessary to examine it from the communicators' perspectives. An interpretive research approach seeks to understand phenomena from subjects' perspectives and so provided an ideal research framework for this study.

This thesis reports on a study of the sense frontline staff within a large public health organisation made of the change communication related to the introduction of the change initiative *Making Time for Caring* (MT4C) and presents the conceptual model of sensemaking about change communication that emerged from this study. In so doing, it provides a rich picture of participants' sensemaking behaviour and a conceptual framework that could assist communication managers refine their internal communication management practices during change in similar organisations.

Participants were selected from two primary hospitals within the chosen District Health Board. Both had implemented MT4C and the subsequent *Fast Track Rollout* (FTR) change initiatives that aimed to improve ward efficiency so staff had increased time to spend with patients. Using an interpretive approach, participants' accounts of their engagement with the associated change communication were gathered through three data collection phases, and analysed in order to develop a model that accounted for their engagement with the communication related to these two change initiatives.

The media utilised in the change communication campaigns and the perceived relevancy of this communication to the work being undertaken were found to be primary considerations participants took into account when judging whether to engage with the change process.. Additionally, a culture of time poverty and unique workplace network divisions were found to modify the process of engaging with internal communication. The emergent model that

captures these findings thus integrates considerations of media, relevance, organisational culture and social relations. In so doing, it provides a unique contribution to the change management and organisational communication literatures that could be used as a framework for further study.

Contents

List of Tables

List of Figures

CHAPTER ONE - Introduction to Research

"*If there is any great secret of success in life, it lies in the ability to put yourself in the other person's place and to see things from his point of view - as well as your own." – Henry Ford (Founder, Ford Motor Company, 1863 - 1947)*

1.1. Research Goals

Sensemaking is the process by which social reality is enacted through interactions and interpretations (Weick, 1995). This thesis explores employee sensemaking during change within a District Health Board (DHB). Specifically it studies the sense employees made of change-related communication, how they went about making this sense and how engaged these findings suggested they were by the change communication. For the purposes of this research, engagement was defined as a participant's involvement with and interest in change communication. Through a focus on engagement in relation to sensemaking, it is intended this research will provide useful insights for communication managers that will help them to refine their internal communication management practices.

The DHB central to this study is one of 21 within New Zealand (NZ) and has many thousands[1] of employees spread throughout its defined region. This characteristic allows for a variety of participants to be researched in reference to one, unifying change initiative and its communications strategy. This study tracks the implementation of a lean work programme called *Making Time for Caring* (MT4C) and the subsequent *Fast Track Rollout* (FTR). These initiatives are part of a wider programme called *Improving the Patient Journey* that aims to improve the efficiency of wards and maximise the time available for staff to spend time caring for their patients.

The study of communication is important as communication is considered the "lifeblood" of an organisation (Cooren, Taylor, & van Every, 2006), where internal communication shapes the strategy and culture of an organisation, which in turn shapes it, therefore emphasising the interdependent nature of communication and organisations (Mellor & Dewhurst, 2009). Research suggests organisations with effective methods for internal communication are often highly successful (Clampitt & Downs, 1993; Robson & Tourish, 2005) therefore it is important for organisations to understand their state of internal communication. This can be done through research that evaluates its effectiveness and the level of engagement gained, particularly during times of change.

[1] The exact number would serve to reveal the identity of the DHB.

Within any organisation, there is always organisational change. Nilakant and Ramnarayan (2007) suggest that "the only certainty in a changing world is that you can't escape change!" (p. 18). Because of the uncertainty change can create among organisation members, effective informative communication is considered integral to the implementation of any organisational change strategy (Robson & Tourish, 2005). It is my contention that, by understanding the unique communication needs of an organisation during change, management will be able to plan appropriate internal communication and reduce uncertainty among their staff, leading to better change outcomes.

In order to fully understand the complex nature of effective communication during change and the factors creating engagement with this communication, it is important to see change from a change recipient's perspective. This can be achieved by gathering their accounts (Mills, 2009a) of how they make sense of change communciation. Weick (1995) would agree. He suggests that a sensemaking approach is the key to unravelling the effectiveness of internal communication, due to the way such an approach includes the person in relation to the context they are in, and their unique perception of communication. A sensemaking approach to research explores the meaning participants make of events, and in doing so, results may find that the meaning participants report are more complex than what change implementers intended (Bartunek, Rousseau, Rudolph, & DePalms, 2006).

The research reported in this thesis effectively constituted an event-specific audit of communication and the sense people made in relation to this communication event. It assumed that those affected by organisational change are not solely passive recipients of change but play an active role in the organisation change process by making sense of it, having feelings about it and judging it (Bartunek, Rousseau, & DePalms, 2006). They operate on judgements of what is sensible or plausible (Weick, Sutcliffe, & Obstfeld, 2005) and can report and account for these judgements.

In collecting and conceptualising these accounts it was the intention of this research that it should produce new insights into change communication in a large and complex organisation. It was hoped these insights would provide the foundation for recommendations for communication managers at DHBs and possibly other similar organisations that would help them achieve higher employee engagement with change communication. It was hoped that the findings would also add to the extant literature on internal change communication within

large and geographically spread organisations as well as the literature regarding communication audits, sensemaking, communication environments, staff communication engagement and interpretivist approaches to research.

1.2. Thesis Overview

Utilising a sensemaking approach, this study explored the engagement of employees within a large and complex organisation in order to understand the sense made of internal change communication. The present chapter has briefly introduced the research goals, the setting of the research, why it is important to investigate sensemaking and engagement, and to whom this study has relevance.

Chapter two titled "The Organisation and Change Initiative" will provide a more detailed description of the initiatives that were studied, and the context of the participating DHB. This chapter is followed by a literature review which discusses prior research on organisational communication, the importance of studying it, and the various approaches utilised in these studies. Additionally, organisational communication theory will be discussed in relation to engagement with communication. Chapter four explains the methodology used in this research. Chapter five provides in-depth findings that reveal the DHB's communication environment and identifies potential constraints or factors to engagement. Chapter six describes the findings in relation to moments of engagement and moments of non-engagement with change communication, and identifies key themes that affect the perceived process of engagement displayed by organisational members. Following this will be a discussion of the findings where the factors found to affect change communication engagement among staff will be elaborated in relation to theory. The final chapter of this thesis presents a model for the process of engagement within the DHB, and recommendations for DHB internal communication management.

CHAPTER TWO – The Organisation and Change Initiative

Introduction

In taking a sensemaking approach to research, it is important to understand the environment in which change recipients operate and communication occurs. Understanding this environment determines what objects are available for sensemaking and provides the overall environment for sensemaking (Mills, 2009a). This chapter will outline important background information on Public Health Services within NZ and the DHB studied, in addition to the change initiative at the heart of this research, MT4C.

2.1. The Management and Delivery of Public Health Services in New Zealand

As of January 2001, 21 DHBs came into effect in New Zealand when the New Zealand Public Health & Disabilities Act was implemented. The aim of any DHB is to provide the best healthcare possible to those within their district. DHBs are responsible for determining the best use of government funding for healthcare within their region, and as a governing body, each DHB must comply with statutory objectives (listed in Table 2.2.1). Additionally, they are expected to promote the

> "inclusion and participation in society and independence of people with disabilities, reducing health disparities by improving health outcomes for Maori and other population groups, and to reduce toward elimination, health outcome disparities between various population groups. DHBs are expected to show a sense of social responsibility, to foster community participation in health improvement, and to uphold the ethical and quality standards commonly expected of providers of services and public sector organisations" (Ministry of Health, 2010).

Table 2.2.1: DHB Key Objectives

1	Improving, promoting and protecting the health of communities
2	Promoting the integration of health services, especially primary and secondary care services
3	Promoting effective care or support of those in need of personal health services or disability support.

2.2. Nature of the Participating DHB

The DHB at the heart of this study has a number of hospitals within its region and also covers various laboratories, urgent care and other healthcare facilities. Given the scope and breadth of the organisation, an array of healthcare professionals make up the many thousands of staff. These include doctors, nurses, nurse aides, speech therapists, physiotherapists and dentists, making it one of the largest employers in its region of New Zealand.

Table 2.3.1: Roles and Responsibilities of DHB Management within Study

CEO and Executive Management Team	Responsible for management matters of the District Health Board. Executive Management Team reports directly to the CEO who in turn reports to the Chair of the District Health Board.
Hospital & Specialist Services – Clinical & Medical Directors	Provides leadership to their particular specialty and gives overall direction and focus to the clinical services offered by the department. He or she is responsible for standards of clinical practice, including leadership and advice to medical staff in the department on clinical outcomes, productivity and cost efficiency. Clinical & Medical Directors report to the relevant Hospital General or Group Manager.
Hospital & Specialist Services – Directors of Nursing	Provides professional leadership for nurses within their particular hospital, including management, planning, development, ensuring the quality of nursing practice is maintained, and that staff and resources are utilised in such a way that ensures optimum patient care is delivered. Directors of Nursing report to the relevant Hospital General or Group Manager who in turn reports to the General Manager of Hospital & Specialist Services.

2.3. Background on the Change Initiative within the DHB

The Business Development Unit (BDU) is a branch of the DHB Executive Management Team, whose vision is to support operational staff within the Hospital and Specialist Service

Group to achieve key service objectives by providing specialist project and operational support. The BDU has a project management and advisory role to ensure projects are completed on time, within budget and are integrated into the daily management activity of the DHB various divisions (District Health Board, 2009). Within this particular study, members of the BDU were responsible for coaching and mentoring ward staff through the change initiative called MT4C. MT4C sits under the wider banner of the *Improving the Patient Journey* programme, which was launched in October 2004 to promote quality and performance improvement within the clinical and patient processes of the DHB. It is thought that since its launch, the programme has improved the quality, safety and reliability of patient care, while improving the patient experience and enhancing staff well being (District Health Board, 2009).

This study involves tracking the internal communication surrounding MT4C. The subsequent programme, FTR, was later adopted by the DHB as a means to implement the five best practice modules of MT4C quickly to the rest of the DHB which had not been through the pilot of MT4C. This was seen as a way to "piggyback" on the wave of MT4C and get staff seeing positive results prior to experiencing the full programme of MT4C.

MT4C is an adaptation of a programme developed by the NHS Institute for Innovation and Improvement in the UK called Releasing Time to Care: The Productive Ward ™ (RTC). To date, fifteen DHBs within New Zealand have adopted this programme (Ministry of Health, 2010). Research conducted by the NHS Institute (NHSI) found that 40 percent of nurses' time is spent on direct patient care. Recent research indicates that three in four ward nurses feel that this is not enough time and 90 percent of these nurses feel patient care suffers as a result (NHS Institute, 2010). The MT4C programme consists of a series of eleven modules and aims to motivate ward teams to review the way in which activities are undertaken in the workplace, with the goal of removing waste and releasing time to provide more direct patient care. RTC was introduced to the DHB in April 2008, however RTC is trademark protected by the NHSI, therefore its title was changed and the programme was adapted for NZ DHBs in December 2008 under the name *Making Time for Caring*. This name change was communicated through staff newsletters.

MT4C was piloted in four wards of the DHB's main hospital in February/March of 2008 following a period of education outlining the key aims of RTC. Those in charge of

implementing MT4C anticipated the programme in its entirety would be adopted by all hospital wards within the DHB. However because of the significant time investment required to implement MT4C, it was decided to rollout the five most practical and results oriented modules of MT4C throughout all hospital wards within the public hospital and medical-geriatric hospital under the banner *Fast Track Rollout* in March 2009. These five modules were:

1. Put it Back Jack – a campaign encouraging staff to ensure patient notes are returned to their defined location on the ward.
2. Communications Board – a portable whiteboard central to the ward, outlining patient information and important ward communication.
3. Standardising IV Trolleys – ensuring a standard layout for consistency across all wards.
4. Documentation Filing – implementing a system across all wards of filing clinical forms using a standard name from a master list. A Kanban/marker system was implemented to identify and simplify stock levels and the reordering process.
5. Patient Focused Team Nursing – reorganising the ward so nurses attend to patients that are geographically within a cluster of the ward, therefore reducing time spent travelling around the ward to see patients and improving communication surrounding patient care.

2.4. Conclusion

The DHB at the heart of this study is a large and complex government run organisation, focused on providing exceptional healthcare to the residents of its region within New Zealand. MT4C and the subsequent FTR are change initiatives that have been adopted by this DHB to improve the quality, safety and reliability of patient care, and improve the patient experience and enhance staff well being. Given the complexity of the organisation, the introduction of these change initiatives within the wards of the DHB provides internal communication challenges for communication managers. Therefore, gauging a sense of the organisation's communication environment is important in understanding the process of staff engagement with change communication. Through this understanding, communication managers will be able to refine their internal change communication strategies to gain engagement from staff.

CHAPTER THREE – Literature Review

3.1. Introduction

The following literature review will outline existing theory and knowledge regarding effective organisational communication and the communication engagement of employees. It will discuss the subject matter in two parts. Firstly, literature emphasising the importance of organisation communication during organisational change will be discussed. Then literature on interpretive approaches with a focus on accounts of the sense made of change communication will be evaluated in terms of their suitability for such investigations of organisational communication during change. Secondly, this review will explore the communication engagement of employees when change communication is encountered and describe the environmental factors and processes that take place within employees during change. The review will then conclude and discuss the limitations of existing literature and the potential for future research in the area of effective internal communication and communication engagement during organisational change.

3.2. Organisational Communication and Organisational Change

"Organisations are built, maintained, and activated through the medium of communication. If that communication is misunderstood, the existence of the organisation itself becomes more tenuous" (Weick, 2001, p. 136). Communication is central to the ongoing functioning of organisations and this is supported by literature that emphasises effective internal communication as contributing to increased profitability (Hanson, 1986), improved productivity, increased innovation, better quality products and services and decreased absenteeism, strikes and costs (Kanter, 1988). Communication can be thought of as the "lifeblood" of an organisation (Cooren, Taylor, & van Every, 2006), where internal communication, strategy and culture of an organisation are mutually shaped by one another, therefore emphasising the interdependent nature of communication and organisations (Mellor & Dewhurst, 2009). "In an exhaustive theory of organisation, communication would occupy a central place, because the structure, extensiveness and scope of the organisation are almost entirely determined by communication techniques" (Beckett, 2003, p. 43). Communication processes may be considered fundamental organisation processes (Robertson, 2005), whereby organisations and their stakeholders are driven to achieve common goals. Some scholars view organisations as involving a coalition of interests (stakeholders), like the larger society of

which the organisation is a part. In order to achieve this coalition's ends, communicative action is required (Foster & Jonker, 2005).

Communication is not merely the dissemination or transference of information – one can never assume communication has occurred (Hargie & Tourish, 2004) unless it is part of a shared two-way process where members and stakeholders engage in communicative action, or social interaction, in order to move towards a common meaning (Foster & Jonker, 2005). This collaborative action produces discursive processes. These discursive processes, which can take many forms including conversation and storytelling, all contribute to the process of making sense of organisational reality. It is not surprising, then, that narrative (and other discursive forms) and the sensemaking they support are considered fundamental units of an organisation and, when absent, mean an organisation can barely exist (Cooren, Taylor, & van Every, 2006). It has been found that internal communication management is often poor within organisations and there appears to be a discrepancy between the perceptions of management and their staff, with management seeing communication as mostly effective, while only a minority of their staff would agree (Crampton, Hodge, & Mishra, 1998). Given the centrality of communication to the organisation, communication management becomes important to the success of an organisation, particularly as an organisation goes through the uncertainty associated with of change.

Nilakant and Ramanayan (2007) put forward the notion that

> Organisational change is most successful when people in the organisation take charge of the change. In other words, participation, involvement and ownership are crucial for effective change…organisational change is both cultural and political. It involves influencing; inducing, negotiating, persuading and winning over people to the idea of change…influencing and persuading people mainly involve communication. Therefore, effective communication strategies are crucial to change (p. 153).

Because of its centrality to the function of an organisation, it is important to consider how communication is best managed during times of change and to understand how stakeholders perceive change communication; if this communication is misunderstood, the change process can be compromised (Mills, 2009a). Many scholars have investigated how workers actively engage in cognitive processes in order to make their organisational experiences meaningful to themselves (Daft & Weick, 1984; Mills, 2000), and it is thought that the meanings created are the organisational reality workers experience (Berger & Luckmann, 1967). It then becomes

important for organisations such as the participating DHB, which are initiating change, to evaluate or audit their communication climate and assess how organisational members make sense of change communication.

3.3. Sensemaking and the Interpretive Approach

The leading scholar in sensemaking Karl Weick (1995) describes sensemaking as the process whereby a particular social reality is enacted through interactions and interpretations. A sensemaking approach to organisational communication research is considered key to unravelling the effectiveness of internal communication, due to the inclusion of the person in relation to the context they are in, and their unique perception of communication (Weick, 1995). "The strength of sensemaking as a perspective derives from the fact that it does not rely on accuracy and its model is not objective perception. Instead, sensemaking is about plausibility, pragmatics, coherence, reasonableness, creation, invention and instrumentality" (Weick, 1995, p.7). A sensemaking approach to audits allows researchers to investigate the meanings organisational members make of events such as change initiatives, and in doing so, results may find the meaning participants allude to are far more complex than what change implementers intended (Bartunek, Rousseau, Rudolph, & DePalms, 2006). In this sense, the data that is required must be rich and an interview approach to auditing allows for this (Downs, 1988). Because of the complexities of the sensemaking process, a sensemaking approach to research provides rich data that may not be generated in quantitative approaches. Cooren, Taylor and van Every (2006) suggest organisational communication studies are fundamentally enriched if the mechanisms whereby organisations are constituted by discourse are explored. This means studying narratives, storytelling and sensemaking as essential components to the existence of the organisation.

Mills (2005, p. 20) advocates the sensemaking approach as a means to direct "the communication auditor's attention to the multi-faceted, multi-level and ongoing process of making sense of interactive experiences in a way that ensures the interplay between communication object, sensemaker and contextual contingencies can be appreciated". Mills (2007) also suggests very little research has recognised the value of studying sensemaking about change communication. Her (Mills, 2000) research on workers' sensemaking about organisational communication within a factory setting and studies of sensemaking about communication during CEO change (e.g., Mills, 2009), which demonstrate how workers

employ available discourses that are intimately tied to the geo-social environment and the workers' own emotional engagement to make sense of communication, are relatively unique. The only other similar research located was a study by Bean and Einsberg (2006), which found that organisational members use sensemaking to evaluate the tensions between social action and the systemic realities of organisational life. It appears sensemaking studies that focus on how people make sense of change communication are rare but can provide value by helping us to understand the cognitive processes of organisational members and their effects on perceptions of organisational life.

"Research methods that allow for a detailed and in-depth investigation are important for richer and deeper understanding…" (Nordqvist, 2009, p.295). In taking a sensemaking approach to research and discovering human interpretation and meaning of organisational reality, a researcher is utilising the techniques of interpretive research, which is subjective in nature (Walsham, 2006). Interpretive approaches seek to understand people's interpretations and acknowledge that meaning is a social and collaborative process (Taylor, 1992). For interpretivists, Taylor (1992) suggests, society is embedded with meaning and

> the sense of depth comes from the very pervasiveness of meaning in our lives. We are in a sense surrounded by meaning; in the words we exchange, in all the signs we deploy, in the art, music, literature we create and enjoy, in the very shape of the man-made environment most of us live in (p. 259).

It is suggested interpretivism is the most appropriate method for studying the human, social world, when research concerns matters of human meaning (Smith, 1993), and that it enables the unearthing of true hidden meanings (Young, 2009).

Weick (1995) suggests people can make sense of anything and an interpretive, sensemaking approach to investigating organisations assumes they operate on meanings that are judged to be sensible or plausible (Weick, Sutcliffe, & Obstfeld, 2005). A study (Bartunek, Rousseau, Rudolph, & DePalms, 2006) examining sensemaking during the implementation of a change initiative, found that change recipients were not solely passive recipients of change, but actually played an active role in the organisational change process by making sense of them, having feelings about them and judging them, and it is suggested that particular attention be given to the roles that these change recipients play during change efforts. Furthermore, plausibility plays a key role in sensemaking, as people move forward and act on what they make sense of as plausible events. As sensemaking always adds to prior mental frameworks

(Hales, 2007; Weick, 1995; Weick, Sutcliffe, & Obstfeld, 2005), students, for example, learning about the business world have been found to make better sense or meaning of the lesson, if they have had prior practical knowledge or experience of business operations (Harmer, 2009).

While Weick (1995, pp. 17-62) suggests sensemaking is ongoing and driven by plausibility rather than accuracy, research also suggests we create what meaning we can within the social interaction available and familiar structures. Furthermore, when data is collected and analysed from a sensemaking perspective, the researcher focuses on the sensemakers' understandings of who they are, the organisational environment and its social processes, and the way in which stimuli are bracketed off from the stream of stimuli in which they are embedded, and retrospectively given meaning (Mills, 2009a). The proposition sensemaking is relational to its context is reflected by Zikic and Richardson (2007), who contend an individual's particular experience is best understood by examining the personal accounts of the same individuals who have experienced that particular phenomenon themselves (Mallon & Cohen, 2000; Zikic & Richardson, 2007). Such an approach allows for an in-depth examination of individual experiences (Mallon, 1998; Musson, 1998, 2004; Richardson & McKenna, 2003) and provides a better understanding of the effectiveness of communication when auditing.

3.4. Communication Audits

A communication audit is the "comprehensive and thorough study of communication philosophy, concepts, structure, flow and practice within an organisation" (Emmanuel, 1985, p. 50). Like a regular audit, it has three main phases:

1. The accumulation of information – Diagnostic phase
2. The creation of management systems – Prescriptive phase
3. Accountability – Functional phase.

Within any organisation, workers and managers engage in an employment relationship. Communication is a vital part of maintaining this relationship, however it is suggested workers and managers speak different languages when communicating in the workplace (Hargie & Tourish, 2004). This poses an obstacle for internal communication strategists who strive to find a common language for workers and managers in order to unify them in the pursuit of the organisation's goals.

A communication audit is a useful tool for identifying the areas of internal communication within an organisation that need addressing. A process such as a communication audit is a positive and motivating exercise, being in itself an internal consultation process (Furnham & Gunter, 1993). Skill is needed to realise positive benefits, however as Jones (2002) notes, the auditor should be a skilled and a committed listener to, and within, organisational communication processes as opposed to an outside expert, a diagnostician of communications problems or an enforcer of best practice standards.

There are many ways to conduct an audit (Furnham & Gunter, 1993) and the method chosen should be tailored with a "best fit" approach to the organisation (Hargie & Tourish, 2004). Some of the alternative tools that exist include; survey questionnaires, focus groups and interviews. Hargie and Tourish (2004) suggest there are two main audit questionnaires that determine the overall communication satisfaction. These are:

1. Communication Satisfaction Questionnaire (CSQ) (Downs & Hazen, 1977)
2. International Comm. Association Audit survey (Goldhaber & Rogers, 1979; Hargie & Tourish, 2000).

Zwijze-Koning and de Jong (2007) assessed the validity of the CSQ and reported that it had high criterion-related validity and would be an appropriate instrument for gaining overall insights into how employees perceive organisational communication. However Zwijze-Koning and de Jong (2007) also suggested that the CSQ fails to explicitly address the issues of decision-making, top-down and bottom-up communication, responsibilities, and the extent to which organisations keep rules and agreements, suggesting that the method is less suitable for diagnosing specific communication problems and formulating recommendations. This raises the question of what evaluation tools exist that can narrow overall employee insight of organisational communication into a derived set of recommendations. Interestingly, the suggestion that an audit is a tool from which to derive recommendations appears to oppose the earlier thoughts of Jones (2002), who suggests an auditor should not audit with the intention of diagnosing and imposing a set of best practice standards. Perhaps there is no one best evaluation method, as the set of recommendations produced are likely to be entirely different according to the organisation at hand, and its unique communication environment. In which case, the assessment of the success or validity of an audit may not be measured immediately, but rather through the results of an implemented set of recommendations that have been tailored to suit that particular organisation, and measured over time.

While survey questionnaires are a popular method due to their ease to develop, administer and interpret (Goldhaber, 2002), they have limited ability to gauge the deeper level thoughts and feelings of respondents (Hargie & Tourish, 2004). Alternatively, focus groups are considered a favourable method due to their open-ended and interactive nature that encourages respondents to share and develop ideas (Dickson, Hargie, & Nelson, 2004). However, some would argue that focus groups have limitations if there are introverts among respondents who are reluctant to participate, or if respondents answer favourably in the presence of others (Hargie & Tourish, 2004). Interviews have been promoted by Downs (1988), who claims their strength lies in their ability to explore communication experiences in detail, therefore allowing interesting insights to arise that may otherwise be missed through survey or focus group methodologies. This appears to be of increasing importance as researchers recognise that people's perspectives of the same event vary (Gabriel, 2000). Although interviews can be time consuming, expensive and do not allow for large sample groups to be investigated (Millar & Gallagher, 2000), the data collected is rich and suited to the sensemaking approach, whereby a "broad lens" is provided that captures the richness and complexity of the sensemaking event (Weick, 2007). Therefore considerations of suitability for the purpose of the audit and the organisation involved in the audit are important factors in the choice of audit method. For example, Mills (2009a) used the interview technique in a recent study that took a sensemaking approach to investigating the sense made of communication in a CEO succession process within a large organisation. This allowed for workers to share the nature of their workplace communication and the sense they made of this process. Furthermore, by taping and transcribing the interviews, the researcher was able to conduct literary and linguistic analysis to further investigate how language conveys ideas.

For the present study, the most appropriate technique for gathering data appears to be the interview technique, as it allows for rich insights to be captured by tapping into the storytelling of organisational members engaging with change communication and making sense of it.

3.5. Communication Engagement

Organisations with highly engaged employees are thought to perform better financially than organisations with employees displaying low engagement. Employee engagement during change is more than simply the involvement of employees, and communication management

is central to achieving this engagement (Crozier & Kass, 2010). Within organisations experiencing low engagement or non-engagement, there is a communication gap between managers and employees, and Hargie et al (2004) suggests there is a contradiction whereby employees feel they have not been adequately informed, while managers insist they have gone to great measures to inform and communicate with staff. It then becomes important to investigate why this communications gap occurs and the causes of non-engagement (Hogard & Ellis, 2006).

Grates (2009) suggests it is vital an organisation clearly and simply articulates its strategy and purpose and that too little time is invested by senior management determining and framing the narrative in ways that engage and spark interest from employees. Trahant (2008) found high performing organisations with high scores in effective employee communication operate differently from organisations with lower communication effectiveness scores. The primary differences between these organisations was in ensuring employees remained focused on customer needs, while catering to employee needs through intense communication programmes. Furthermore, these communication programmes were designed to engage employees by involving them and utilising their strengths within key stages of change implementation. The importance of investing time in the development of communication strategy within the change management process has been reinforced, and it has been found in order to prepare individuals for change, it is vital to embed behavioural change more quickly and effectively through precise, timely and targeted communication strategy (Gill, 2009).

3.6. Management Effects on Engagement

Management plays a vital role in producing effective communication and creating engagement, with literature alluding to managers' importance in communicating change to employees (Trahant, 2008). Uncertainty is inevitable during change and in situations where there is high uncertainly, for example post-crises, managers and especially leaders, play a critical role in communication as employees look to them for a unified organisational discourse that contributes to the development of a new shared meaning (Seegar, Ulmer, Novak, & Sellnow, 2005). Crisis communication literature puts forth several factors that contribute to effective communication management during uncertain times, including commitment to stakeholder relationships, integrated communication function, employee

participation in community outreach, and symmetrical communication strategies (Rhee, 2008).

Balanced communication strategies, such as openness, access and listening during uncertain times, are thought to improve organisation perception, with audiences appreciating interpersonal communication within ambiguous situations. Interpersonal communication and enhanced management visibility have been described as essential within ambiguous organisational environments, in addition to frequent and thorough education on change (Davis, 2010). Boardman (2009) suggests poor line managers can impact negatively on achieving communication engagement, if they are unskilled in communicating or act as gatekeepers of information and choose not to communicate with staff. However this negative impact may be overcome through educating line managers on the importance of effective internal communication and involving staff with change communication. Additionally, change communication literature suggests effective organisational communication that facilitates participation, reduces uncertainty and enhances employee work engagement, particularly in situations of job insecurity (Adikens, Werbel, & Farh, 2001; Mauno, Kinnunen, & Ruokolainen, 2002; Vander Elst, Baillien, De Cuyper, & De Witte, 2010).

The quality of the relationship between management and employees plays an important role in creating communication engagement. The Leader-Member Exchange Theory (LMX) suggests supervisors differentiate among subordinates (Dienesch & Liden, 1986). High LMX indicates high-quality exchanges between the supervisor and the subordinate, whereas low LMX refers to low-quality exchanges. Studies have found high LMX is positively correlated to enhanced performance ratings, satisfaction with supervision and organisational commitment, with a decreased likelihood of turnover intentions (Gerstner & Day, 1997). By having a positive, trusting, collaborative and personably working relationship with employees (i.e., high LMX), managers are able to empower employees to engage in an exchange relationship with lower potential for conflict (Keller & Dansereau, 1995). Furthermore, a lowered potential for conflict within a leader-subordinate relationship is credited with increasing the frequency and effectiveness of communication within the relationship, leading to decreased uncertainty (Paglis & Green, 2002). Because management are perceived as having power and status, scholars suggest they have the ability to influence subordinates and change their perceptions of themselves. Managers do this through their actions, directly

communicated information and subtle messages outside of their conscious awareness (Lord, Brown, & Freiberg, 1999; Lord & Brown, 2001).

Managers differ in their ability to communicate effectively and studies into corporate communication have found two types of communicators within organisations (Cornelissen, van Bekkum, & van Ruler, 2006). Firstly, there are generalist practitioners who are thought to be better equipped for strategic, integrated and holistic thinking and can look beyond communication within their own professional department (Gronstedt, 1996a; Gronstedt, 1996b; Gronstedt, 2000; Lauer, 1995; Stewart, 1996). Secondly there are technicians who focus on implementing elements of a communication campaign that have been produced by generalist practitioners (e.g., by writing documents and press releases). They have been defined as the creator and disseminator of messages, involved in production, and operating independent of management decision-making, strategic planning, issues management, environmental scanning and programme evaluation (Dozier & Broom, 1995). Communication emerges from various places within an organisation, and the process of developing and executing communication programmes is essentially cross-functional or cross-disciplinary Research suggests organisations adopt a cross-functional structure for communication in order to co-ordinate communications tasks and activities, (Gronstedt, 1996a; Gronstedt, 1996b; Heath, 1994).

3.7. Communication, the Individual and the Organisation

The collaborative construction of meaning, with communication at its heart, is a never-ending process (Mills, 2009a). It takes place through the exchanges that occur formally and informally in the varying networks that organisation members form (Monge & Eisenberg, 1987). These networks differ in many aspects such as race, religion, gender, authority, and status. Organisational members interact within a variety of collectives that are at the intersection of a range of networks. This means that the concept of network provides a useful framework for exploring organisational interaction and communication processes. Network interactions may be permanent or fleeting, with some members identifying strongly with a network, and others loosely or not at all (Tichy, Tushman, & Fombrun, 1979). Such collectives strive to represent their beliefs and in so doing aid members in creating their workplace identity and their sense of organisational reality (Weick, 1995). This links to

Social Identity Theory (SIT), which suggests individuals must manage several identities; membership in various groups indicates a shifting balance between the elements of how individuals view themselves, depending on the social conditions (Tajfel & Turner, 1986).

SIT suggests an individual's attitudes and beliefs are influenced by their membership of social groups. Tajfel (1981, p. 255) suggests it is "part of an individual's self-concept which derives from his knowledge of his membership in a social group… together with the value and emotional significance attached to that membership". An individual must manage several identities and their social identity is their self-concept that comes from group membership (Hewstone & Jaspars, 1984). Furthermore, an individual's view of their identity may shift according to the shift in group membership and the social setting that prevails at any one moment, which dictates what an individual should think and feel, and how they should behave (Hogg, Terry, & White, 1995, p. 259). A consequence of this is decreased flexibility and variation in opinion within a group when members conform to the norm (Watts, Nugroho, & Lea, 2003). Furthermore, interpersonal communication is about creating mutual understanding and, according to the Common Ground Theory (Clark, 1996), communication between individuals relies on mutual knowledge and common aims. This mutuality is established and maintained through a process of offering, assessing and responding to information.

SIT may be extended to the organisational setting, where literature indicates employees identify with the organisations they are a part of and this affects their self-description (Turker, 2009). In large and complex organisations, social identity may be derived from a person's identification with specific work groups, the prestige or status of departmental affiliations, union membership, and other social classifications that exist within such organisations (Ashforth & Mael, 1989). Furthermore, within studies investigating the effect of corporate social responsibility practices on employee commitment, it was found that when the organisation reflected positive behaviours then employees' organisational commitment was enhanced (Brammer, Millington, & Rayton, 2005; Smith, Woktuch & Dennis, 2001). This may be extended to the concept of engagement. In situations where management driven change communication resonates positively with employees this enhances engagement. Within change communication, it is important for the audience and communicator to be educated on the communication messages and have common aims for communication, with the topic of communication being relevant and important to both parties involved. The

Organisational Identification Theory may extend this notion, as it refers to the integration or acceptance of an organisation's goals and values as similar or identical to those espoused by an individual as his or her personal values and goals (Reza, 2009).

3.8. Communication within Networks

Organisational identification is a specific form of social identification and embodies prototypical characteristics that are valued by its members and helps to fulfil an individual's search for an identity that provides meaning, connectedness, and empowerment (Ashforth & Mael, 1989). Gratton and Ghoshal (2005) describe organisations as having signature practices, which are practices and processes that embody an organisation's character and are linked to the core values that have evolved from the organisation's history. Cultural accommodation is a process put forth by Cornelissen, van Bekkum & van Ruler (2006), who suggest organisations adapt their communication practices to accommodate the culture within the organisation. Cornelissen, van Bekkum and van Ruler (2006) investigated Phillips, which is a company with a strong technology-based culture, with set processes and practices embedded within its environment. This culture and the strict adherence to these processes and practices were reflected with the same precision within their internal and external communication. Cornelissen also discusses Nokia as an organisation perceived to be informal and "personal" and suggests their internal communication reflects this nature through senior management being in-touch with all levels of employees and communicating through channels perceived to be more personal and informal. Given the extent individuals perceive the organisation as constituting part of their identity, by empowering them to participate in change design and implementation and giving them accountability within the strategy, higher levels of engagement will be observed (Allen, 2008). Because communication is intricately linked with organisational sensemaking (Mills, 2009b) and this occurs within the highly social context provided by workplace collectives and the networks (Weick, 1995, 2001), then the value of studying how staff members in various collectives and networks make sense of organisational phenomena, such as change initiatives, becomes evident.

The communication audit aids in evaluating the success and areas for further development in the internal (and external) communication processes of an organisation. A major factor affecting the success of internal communication is the informal communication that takes

place within an organisation. The "grapevine" or "rumour mill" as it is commonly called, is a communication network for informal communication and an inevitable part of organisational behaviour (Crampton, Hodge, & Mishra, 1998). Such informal networks are a natural consequence of people interacting and making sense of their environment (Baskin & Aronoff, 1989; Davis, 1953; Foster & Jonker, 2005). Therefore it is no surprise, given 70 percent of all organisational communication occurs at the grapevine level (De Mare, 1989), that informal networks transmit messages faster than formal networks (Davis, 1979). Furthermore, the grapevine is perceived as a relatively reliable information source with an estimated accuracy between 75 percent to 90 percent (Baron & Greenberg, 1990; Brownell, 1990; Davis, 1979; Simmons, 1986; Walton, 1961). Perhaps the operation of the grapevine is in itself a sensemaking act, whereby individuals perceive the accuracy and reliability of the grapevine to be plausible based on prior experience in gaining reliable information through this channel. Therefore, investigating sensemaking that occurs in the informal communication channels of the organisation may be important in grasping the full perspective of internal communication effectiveness and engagement among organisational members.

Gossip is "informal and evaluative talk in an organisation, usually among no more than a few individuals, about another member of that organisation who is not present" (Kurland & Felled, 2000, p. 429). The subject matter of organisational gossip must be "highly personal, focused on knowledge of other people" (Ayim, 1994, p. 86). Gossip can communicate rules, values and morals as it facilitates the spread of organisational tradition and history, and maintains the exclusivity of the group (Noon & Delbridge, 1993). Gossip also works as organisational citizenship behaviours (OCBs) and workplace deviant behaviours (WDBs), with purposeful benefits or detriments to the organisation (Hafen, 2004). OCBs are defined as behaviour that is beyond one's job description, discretionary, not explicitly rewarded by the organisation, and important to the organisation's success (Dwyer & Allison, 2002). Based on these suggestions, the grapevine may be considered a key network that internal communication managers should listen to. It is a means of "social capital" and Hafen (1997) suggests understanding key relationships or coalitions may enhance internal communication strategy by knowing who the key players are among the workforce of an organisation. As discussed, sensemaking is grounded in identity construction (Weick, 1995, pp. 17-62) therefore the process of gossip may be a key sensemaking act in which individuals diffuse information across the network to make sense of their position in relation to their environment.

3.9. Media Considerations

When seeking to maximize the relevancy of communication within time pressured organisations, it is also important to ensure the media used are appropriate for the communication purpose. The Rich Media Theory (RMT) by Daft and Lengel (1984; 1986) proposes rich media are better suited in ambiguous communication, such as that experienced during the uncertain times of organisational change, while lean media are appropriate for unequivocal communication (1987). They identify four criteria to differentiate the carrying capacity of media: 1) the availability of instant feedback, 2) the use of multiple cues, 3) the use of natural language, 4) the personal focus of the medium (Miller, 2003).

A study on knowledge transfer within a hospital by Murray and Peyrefitte (2007) found that rich media methods of communication were often used in the transfer of know-how or tacit knowledge, whereas lean media methods of communication were often used in the transfer of information or explicit knowledge. Additionally some media have been found to be used regardless of the type of communication involved as they are favoured by the communicator (Rice & Case, 1983; Murray & Peyrefitte, 2007). Furthermore, upper management have been found to have a preference for rich media such as face-to-face communication (Rice & Shook, 1990; El-Shinnawy & Markus, 1998; Carlson & Davis, 1998; Murray & Peyrefitte, 2007). However, Murray and Peyrefitte (2007) found that such studies do not detail what groups upper management prefer to use face-to-face communication with, and that in large organisations face-to-face communication is not always practical, for example a hospital where there may be several hundred employees.

3.10. Relevancy of Communication

Goris, Pettit and Vaught (2002) suggest communication activities in a work group could prove meaningless and useless if workers do not want more information. This may lower performance by interfering with work time. Communication activities such as supervisory advice, peer group meetings, organisation reward schemes could fall on deaf ears. Therefore knowing when and who to communicate with becomes a strategic managerial decision. Furthermore, the accuracy of information may outweigh perceptions of communication

under-load or overload, and lead to higher levels of job satisfaction and performance. With the rise of technology, blanket communication that is non-specific has become a part of life, and due to its simplicity and modest technological requirements, email has become a leading co-ordination tool (Ducheneaut & Bellotti, 2001). It is thought that information overload is damaging the careers of employees; 99 percent of whom, when surveyed, reported having shorter attention spans than before the rise of technology such as emailing and SMS, with a further 54 percent attributing poor communication skills to their inability to navigate through excessive communication messages (Williams, 2009; Davis, 2008).

Within complex organisations such as those observed in the health care industry, where there is a strong focus on delivering experience and tacit knowledge to deliver efficient health care, the environment is heavily time pressured and fostering a culture of communication and knowledge sharing can be difficult (Nawakda, Fathi, Ribiere, & Mirghani, 2008). Nawakda et al. (2008) found that through the implementation of a knowledge sharing process, communication overload could be overcome. Furthermore, communication was emphasised as central to the success of this process. Communication forums (either virtual or physical) encouraged employees to share knowledge and useful information while the provision of timely and accurate information empowered employees and increased their productivity. Furthermore, it was seen as vital that employees be provided with the education and support to use the tools available for knowledge sharing (Nawakda et al., 2008).

3.11. Limitations of Literature

The extant literature on effective communication does not take a broad perspective on engaging staff within change communication. While studies have focussed on engagement and job satisfaction and performance, the process of communication engagement has seldom been discussed directly. Large and complex organisations such as the DHB have environmental factors that make them distinct, and little investigation has been done on how such factors influence or inhibit communication engagement among staff. Additionally, there is a gap in literature on the effects of a time pressured environment on communication effectiveness and engagement. The present study will aim to address these gaps and the process employees undergo when engaging in communication with a view to presenting recommendations for effective communication within a large and complex organisation.

3.12. Conclusion

The literature suggests communication cannot be separated from the organisation as they constitute each other. Communication is fundamental to the ongoing function of an organisation, particularly during change. Change brings uncertainty to an organisation and its members, and communication has been identified as a vital tool to reduce uncertainty and engage organisational members in the change process. Literature suggests communication managers take a holistic view when creating change communication strategies, and consider the complexity of an organisation's communication environment. Organisational members' sensemaking occurs within these environments and communication engagement is affected by the networks they associate with, management effects and the time pressures of their environment.

Research surrounding organisational communication and evaluating its effectiveness has a strong focus on tailoring the communication needs of an organisation to the type of evaluation it is to undergo. While a communications audit is thought to be an appropriate way to measure the effectiveness of communication within an organisation, it is important the researcher pays considerable attention to how they will conduct the audit in terms of the methodology used, and how it will measure its reliability. Furthermore, the sensemaking literature strongly contends that much can be gained by endeavouring to understand the sense employees make of change communication. Additionally, a sensemaking approach has the ability to locate individuals within their contexts and social networks, while allowing the researcher to truly understand how the collaborative construction of meaning is gained within an organisational setting. Based on the findings of prior literature, it is the writer's view that an interpretivist approach to communication auditing is best suited to the present study, as it can explore the sense employees make of change communication.

Effective communication during change is integral to the success and uptake of a change initiative. In order to engage staff within their environment, management must have appropriate communication skills and ensure support and education is provided within a communications campaign. Furthermore, consideration must be given to the appeal and relevancy of the communication to the audience. With appropriate media utilised, that is

suited to the communications environment and aids in the creation of communication engagement among organisational members that comprise the audience.

CHAPTER FOUR – Methodology

4.1. Introduction to Research Design

This chapter describes the research method used to investigate the sense employees made of the change communication associated with MT4C and FTR. The three phase approach to the study will be discussed and researcher observations reviewed in a way that is consistent with the interpretive approach. This chapter concludes with sections on the ethical considerations and limitations of the study.

This research utilised a qualitative interview methodology and thematic data analysis. Qualitative methods enable people's experiences and the meanings they place on events and structures within their environments to be focused on, while providing a holistic view from the participant on how they understand, account for and act within these environments (Miles & Huberman, 1994). As qualitative research does not standardise methods of observation and analysis, those who prefer well-validated measures may be at unease with this type of methodology (Lee, 1999). However, Marshal and Rossman (1995) suggest that qualitative methods are particularly good for research that seeks to explore real organisation goals, linkages and processes in organisations, and understand the failure of policies and practices. Therefore qualitative methodology is well aligned to the intentions of the present research.

The overall purpose of interpretive research is to understand social, economic and political phenomena and to view reality in novel ways that complicate or challenge dominant taken-for-granted views (Burrel & Morgan, 1979). In taking an interpretive approach, primary data were gathered through personal interviews with organisational members that provided rich narratives and accounts. These interviews constituted Phase One and Two of the data collection. An interview guide was created (Appendix 4) in order to explore the following research question themes:

1. What sorts of communication do employees experience around MT4C/FTR?
2. What communication engaged staff and how?
3. What sense do employees make of this communication and how do they account for this sense (that is, explain it)?
4. How is this sense arrived at?

This study utilised a mixed methods approach to confirm and support interpretations made by the researcher. While Phase One and Two consisted of data collection through interviews,

Phase Three of the research consisted of a short questionnaire distributed to two samples of DHB staff.

This research examined how employees made sense of internal communication surrounding change and engaged with it by specifically focusing on a communication event/change initiative – the introduction of MT4C and the subsequent FTR. The conceptualisation through this research provides a means for identifying ways of refining internal communication to maximise the quality of the meanings created, and the engagement of all parties in the achievement of the organisational objective, that is, improved patient care. A set of practical recommendations has been developed for the use of the DHB, and it is anticipated that these recommendations will be transferable to similar organisations.

4.2. Data Collection Phases

Three data collection phases were conducted:

1. Phase One: Scoping phase – unstructured phone interviews and document collection phase.
2. Phase Two: Semi-structured interviews – in person.
3. Phase Three: Feedback phase – questionnaire that solicited responses from participants on the findings from Phase One and Two reported.

4.3. Selection of Participants

Participants in this study were required to be current employees of the DHB and their employment had to coincide with a minimum of one month of either MT4C or FTR implementation. Participants were to be of a variety of professions in order to grasp communication engagement across different audiences within the DHB. Because MT4C and FTR had been piloted in two hospitals, participants were targeted from these hospitals only, during both Phase One and Two of data collection. Phase Three of data collection aimed to target the wider DHB in order to provide support for emergent themes in Phases One and Two. The DHB communications team provided initial contacts within the BDU in charge of implementing MT4C and FTR, as well as the contact details of ward Charge Nurses within

the relevant hospitals. Subsequent contact with participants was achieved through these Charge Nurses.

Convenience sampling was adopted to select participants and it is suggested that in non-probabilistic sampling such as convenience sampling, the probability with which a participant is selected may not be known, and there is a tendency for participants to self-select (Schonlau, Fricker, & Elliot, 2002). In this instance there is potential for unknown biases to lead to false conclusions being met (Rust, et al., 2004). However the minimal level of constraints associated with convenience sampling provided benefits through simplifying the sampling design process and improving the recruitment and retention rates of participants (Rust, et al., 2004). Because a number of challenges were faced in accessing DHB employees and gaining participation from them, convenience sampling was the most appropriate and efficient method of participant selection available to the researcher. The access and participation issues will be discussed within the "Researcher observation" section concluding this chapter.

During Phase One of the research, the researcher gained the email addresses of all Charge Nurses involved in MT4C and FTR in both the public hospital and the medical-geriatric hospital, and sent an email outlining the project and asking for volunteers to participate. The email also included an official information sheet and consent form for potential participants to refer to (Appendices 2 and 3). In addition to these documents, the email also included an official letter from the Communications Manager of the DHB outlining the DHB's support in sponsoring the study (Appendix 3). The inclusion of an official letter from a member of the DHB's senior management was thought to add credibility and authority to the study and enhance participation rates. The introduction email asked for participants to contact the researcher if they were interested in participating. If a ward's Charge Nurse indicated interest in participating, phone contact was made to commence the initial phone interview. Prior to the commencement of a phone interview, the researcher would clarify that the consent form had been read and would gain verbal consent from the participant. A signed document was later collected during Phase Two of the research.

Phase Two of the research involved in-person interviews, and to gain participation a similar format was followed as in Phase One. Email addresses of staff on wards where Charge Nurses had agreed participation were gained, and a similar email introducing the project with

the three documents attached and calling for participation in the study were sent to all staff. Unfortunately, this approach resulted in zero participation interest. Therefore, the researcher contacted the Charge Nurses and collaboratively strategized to gain participation.

It was agreed that the researcher would turn up at the ward on a given day, and the Charge Nurse would arrange for a minimum of four participants from their ward. In following this tactic, participants were met on the day and provided with all information sheets and consent forms and were asked to read them carefully prior to the commencement of interviews. Questions from participants were clarified and signed consent gained, with the interview to follow. Due to the challenging nature of gaining participants, some subsequent participation was gained by roaming the wards with a Charge Nurse or their selected 2IC and approaching staff on ward during their breaks, or while they congregated at reception and asking for volunteer participation. A few participants were selected in this way, and they too were provided with the necessary information and consent forms prior to commencement of the interview.

4.4. Number and Nature of Participants

MT4C and FTR had been implemented in two DHB hospitals and these hospitals were investigated as other smaller DHB sites had not experienced major aspects of the change initiative and so were unlikely to be able to provide so much comment. However it is noted that staff from other sites were utilised in Phase Three of the research, and these staff included laboratory staff, office staff and staff from a third DHB hospital that specialises in psychiatric care. All Phase Three staff had exposure to both initiatives as they were a part of the audience targeted by those responsible for implementing MT4C and FTR, although some of them may not have experienced the modules first hand due to the slow, progressive launch of MT4C and FTR within all departments of the DHB. It was thought that investigating the two primary hospitals involved in the change initiatives would result in useful comparisons of the communication methods used that were considered effective in engaging staff.

In Phase One of the research, eight Charge Nurses were approached to participate in the study. Three of these Charge Nurses were from the MT4C pilot wards at the public hospital, while the other five Charge Nurses were from the FTR wards at the medical-geriatric hospital.

Phase Two of the research was reliant on the receptiveness of the Charge Nurses to the research as they controlled access to potential participants within their wards. This reliance for participant access resulted in one MT4C pilot ward from the public hospital and three FTR wards from the medical-geriatric hospital comprising the total pool of participants available for interviews.

4.5. The Interview Process

Semi-structured interviews were conducted as the primary source of data collection, due to their ability to take the researcher into an individual's world to see the content and pattern of daily experience, and step into their mind to see and experience the world through their lens (McCracken, 1988). An interview guide was utilised to focus probes in order to uncover specific accounts and interpretations (Patton, 2001, p.243). Because of the dynamic and flexible nature of a ward (e.g., it has varying staff rotations and shifts), a static questionnaire or strict interview script would not allow for thorough probing of each individual encounters with internal communication, as some questions may not be applicable to certain individuals. Interpretive research suggested different themes emerge from the empirical material gained during fieldwork and this can guide the search for new theoretical ideas or support emerging interpretations and understandings (Nordqvist, Hall, & Melin, 2009). By keeping the interviews semi-structured, it allowed the researcher to truly adopt an interpretivist approach and collaborate with the participant in an ongoing dialogue where knowledge is created through mutual understanding (Melin, 1977), or in other words, a mutual sensemaking could be achieved.

In the early stages of data collection during June 2009, an in-person interview was held with two BDU staff responsible for implementation of MT4C and FTR. They were both provided information sheets and consent forms for the research and were asked general questions regarding the implementation of both initiatives, the communication methods used, what had been effective and ineffective, and what barriers they had faced. Discussion from this interview was used to amend the interview guide constructed for Phase One and Two interviews with ward staff and also to refine research goals. Once this was complete the interview guide was trialled on the Transcribing Assistant assigned to this research. Such a

trial is recommended (Yin, 1994) to ensure the smooth flow of the interview and that questions are easily understood by participants.

Interviews were to commence in mid-July 2009, however this coincided with the Swine Flu pandemic in NZ and it was decided that this date be postponed until the spring when it was safer for externals to enter hospital sites. However, there was a further delay in commencing interviews, as Norvovirus affected both the public hospital and the medical-geriatric hospital and the researcher was advised to avoid both sites. Because of this, interviews were only able to commence in September 2009.

Each interview was audio-taped and the timing of interviews ranged from 15 minutes to 45 minutes. Additional notes were made in case of audio-tape failure. The interviews were fluid to allow for probing of points raised by participants, with emergent themes from Phase One interviews investigated (Rubin & Rubin, 2005). It was essential the researcher adapt their questioning style to suit the availability of participants as they were very restricted in the amount of time they could spare for an interview. This resulted in a very direct questioning style to suit the sometimes rapid pace of interview. Each interview concluded with general comments where a participant was able to add further comment about the initiatives, the communication encountered or the interview process itself. Once the participant exited the interview room, the researcher would make comments and highlight key points of the interview in a summary section.

All interviews were transcribed by a Transcribing Assistant (a current University staff member) who was commissioned by the researcher to assist in this process. This assistant signed a confidentiality agreement regarding the study and a fixed-term employment agreement with the University. Upon transcription, each interview was coded and analysed by the researcher as described in the Data Analysis section of this chapter.

4.6. Mixed Methods Approach

Because of the limited number of interviews possible in Phases One and Two, it was decided to supplement the interview process with a questionnaire-based approach (Phase Three). Such a mixed methods approach provided scope for the researcher to corroborate or refine the

emergent themes during the interview phases. Jonsen & Jehn (2009) suggests this mixed methods approach often addresses shortcomings in theory development and documentation processes, and can often complement data found during the interview process (Kaplan, 1964; Walsham, 2006). As the availability of time was a crucial factor staff considered when deciding to participate in the study, a brief questionnaire that would take no longer than ten minutes to complete was developed (Appendix 5) for the third phase of data collection. The questionnaire consisted of seven questions specifically relating to one or more of the themes that emerged from the analysis of the interview data from Phases One and Two. It was purposely constructed onto A5 sized paper with lettering in size 10 font. This was to create the illusion the questionnaire would take an even shorter time to complete.

Once again, convenience sampling was used and two groups were approached to complete the questionnaire. Convenience sampling was adopted due to the difficulty experienced in gaining willing participants via other means for the study during Phase One and Two. The two groups that participated in this phase of the research included a group of nine participants from the main public hospital, the corporate offices, and laboratory facilities, who were approached at the beginning of a circuit class (i.e., a physical fitness class). These participants were given a summary of the research, the information sheets and consent forms, and upon gaining signed consent, were asked to fill in the questionnaire. The second group was approached to complete the questionnaire during a staff health day held within the psychiatric care hospital. These participants were selected randomly as they approached a Healthy Eating stall. Overall, twenty participants completed the questionnaire.

4.7. Interview Analysis

As discussed, interviews were tape-recorded and transcribed. Once each interview transcript was received by the researcher, they were checked for consistency against research notes and any errors, for instance spelling, were amended. Then, each transcript was re-read by the researcher and manually coded based on emergent themes throughout the research. This process was subjective, with interpretivist researchers such as Walsham (2006, p. 325) suggesting “the researcher’s best tool for analysis is his or her own mind, supplemented by the minds of others when work and ideas are exposed to them”.

Data gathered from each individual was analysed at three levels. Firstly, the nature of the communication each participant experienced was analysed to establish the sort of communication that occurred and its accessibility and communicative consequences across the sample. Secondly, the resources used to make sense of this communication were identified. In other words, the ideational (e.g., themes, central concepts, values, beliefs, heuristics, organisational myths, stories), structural (e.g., departmental routines, established protocols), and social resources (e.g., key informants, group processes) in the accounts were identified. Thirdly, data were compared across participants, taking note of contextual factors such as their role in the organisation, location, and networks. The findings from these analyses then provided the basis for developing a conceptual model that accounts for how communication engagement occurs at an organisational level within the communications environment at the DHB. A set of recommendations based on the thematic analysis of the transcripts was then developed.

4.8. Questionnaire Analysis

As discussed, the purpose of the questionnaire was to gather additional support and crosscheck findings and emergent themes from the interviews. Therefore, the data referring to each theme were analysed and compared with those from phases one and two. Where inconsistencies were found the emergent themes were modified to incorporate the inconsistent data.

4.9. Ethical Considerations

Ethical consideration was important to this study as it utilised organisational members as participants. These participants may have felt their positions within the organisation could be threatened at the disclosure of sensitive information during interviews. Given this, measures were taken to protect the identity of participants with informed consent gained and pseudonyms used throughout the study. Approval from the University Human Ethics Committee was obtained in July 2009.

4.10. Limitations of Methodology

The primary limitation of this methodology was due to the very limited time DHB staff could spare to participate in the study. This resulted in convenience sampling being used, and although the researcher has justified its use, there is always the risk with non-probabilistic sampling that biases will occur. With this in mind, every effort was made by the researcher to ensure "random" staff were selected for participation when recruiting participants on the wards.

Another effect of limited time for participation was that interview times were much shorter than expected. This was overcome by the researcher adopting a more direct interviewing style. In adopting a direct style, the interviewer adapted to each individual and questioned around specific recurrent themes.

The Swine Flu pandemic and Norvovirus interrupted the timeliness of interviews and this may have affected participants' recall of MT4C and FTR communication messages. However the occurrence of the Swine Flu pandemic in particular gave rise to many participant accounts that were valuable to the overall aims of the research. In order to collect as much relevant data as possible, the researcher questioned the state of general internal communication with probing on MT4C and FTR where possible, in order to grasp a fuller picture of the effectiveness and engagement with internal communication within the DHB.

4.11. Researcher Observations

Upon commencement of the data gathering phases the impact a large organisation can have on the ability to communicate and filter through organisational layers was noticed. Compared to smaller organisations, there seemed to be a greater lack of "who's who" knowledge among DHB staff in the two primary hospitals. This was made evident during interviews when participants did not know who the current CEO was, or even key members of staff within the same hospital. Furthermore, the majority of staff did not know who the Communication Manager was and this made an introductory letter used to solicit participation almost

redundant as it did not provide the intended level of authority when the staff did not know who the Communication Manager was[2].

Another observation was made when trying to access ward staff through ward-level managers (i.e., Charge Nurses). It was noted that when the Charge Nurse was open and receptive to the research proposal (i.e., provided an opportunity for the researcher to talk to them) they were willing to arrange staff for interviewing in Phase Two of the research. When the Charge Nurse was less receptive and had an attitude perceived by the researcher as *"I don't have time for this",* it seemed to be infectious among staff on ward and gaining access for interviewing was made more difficult. Therefore it was almost as though each ward operated as a reflection of the Charge Nurse responsible for it. The observations gathered by the researcher will be further elaborated within the Findings and Discussion chapters of this thesis.

4.12. Conclusion

This study utilised a mixed methods approach to interpretivist research in order to investigate how employees across several hospitals within a DHB made sense of internal communication relating to two change initiatives. This was accomplished through three data collection phases and subjective data analysis involving thematic coding of the data. The first data collection phase involved scoping the internal communications climate through a document analysis and conversations with key staff involved in MT4C and FTR implementation. The second data collection phase involved gathering accounts from various ward staff and then conducting further thematic analysis of these accounts. The third data collection phase involved asking participants to complete a short questionnaire to provide further evidence and support for emergent themes from the analysis of Phase One and Two data.

Factors thought to contribute to the DHB's communication environment will be discussed in Part I of the findings chapter that follows. Following this, findings describing staff

[2] This is not surprising however. Communication between management and frontline staff is achieved by delegation of this communication function to the immediate line managers such as charge nurses and not directly by the communication manager team or other executive staff members. This is a characteristic of the heath system that is designed to give the responsibility for communication with front-line staff to the heads of the respective discipline areas.

engagement with change communication and the determined effectiveness of communication methods will be discussed in Part II.

CHAPTER FIVE – Findings – Part I: The DHB Communications Environment

5.1. Introduction

Mills (2000b) describes the communication environment as the

> interactive environment that prevails in a social situation. It is the product of the interactional histories of all those interacting in the environment, the formal and informal communication norms, protocols and rituals (e.g., playing cards at lunchtime), the interactional expectations of those interacting with each other, the tasks occurring in the interactional space (e.g., group activities), the physical environment (e.g., level of noise, accessibility of office space) and the communication tools it contains (e.g., notice boards) (p.413).

Investigating the DHB communication environment was considered to be necessary in order to understand the constraints and factors affecting organisational members encountering change communication. The communication environment was analysed through the thematic analysis of interviews with DHB staff in both Phase One and Two of the research, and also of the research questionnaire completed by staff in Phase Three. This chapter will present findings that indicate the existence of three primary themes within the DHB communication environment that appeared to impact on participant sensemaking: (1) Time poverty (2) Management visibility (3) Network effects. Accounts are provided to support the existence of these themes and their effect on communication engagement.

5.2. Time Poverty

Lack of time was a theme used to explain all manner of things, including why a staff member could not proceed with a research interview. Not having time or being too busy to participate was often the response staff gave the researcher when communication about the research was presented to them.

Example 1:

> P: "*Sorry, I don't have time right now – I need to go see a patient."*

Example 2:

> *P: "I'm too busy today, sorry."*

When the researcher approached a group of congregated ward staff to gain research participation, it was observed that when one staff member used the reason of being "too busy" to participate in the research, the surrounding staff also gave similar responses for non-participation. In contrast, when staff members were approached in isolation, they were more likely to accept participation.

These observations contributed to the researcher's overall perception that a culture of "time poverty" existed among DHB ward staff, where the expectation among peers was to perceive time wastage as time spent on endeavours other than patient care; patient care being their primary focus. Throughout the interviews it became apparent two main factors contributed to the culture of time poverty:

1. Role Demands
2. A 'time is money' perception

5.2.1. Role Demands

Ward staff indicated the demands of their role limited the time available to participate in organisational communication. A participant discussed the effect of shift patterns on the amount of time available for updating themselves on written or electronic forms of DHB communication. They suggested that night shifts were quieter and allowed staff to take a few moments out of their work to catch up on communication, for example, by reading their emails. Furthermore, they indicated checking emails may be perceived by others on the ward as taking a break. Staff seemed to prioritise communication with other aspects of their work and often making time to communicate was not a priority when compared to taking care of patients.

Example 1:

I: "How often do you check your emails?"

P: "On the ward on the daytime it's difficult to have that time to check your emails or it doesn't feel like a priority to check your emails when you have a patient load. To check your emails means you're taking time out."

I: "How many computers on the ward?"

P: "There are 4 computers on the ward – the ward clerk and two laptops and it's about finding time to sit down… lucky that I work night shifts so I get time to look at them."

Example 2:

> *P: "Suppose through emails and things like that. The communication is quite effective; it depends if people have access to the internet and if they have time to check their emails at work time and things like that. So that could probably be a downside to that means of communication*."

During the scoping phase of this research, participants indicated the use of email was discouraged on wards and this was reflected in the limited number of computers available on the ward for staff use. One participant suggested an inhibitor to email and intranet communication was the lack of accessibility to computers on the ward. Unlike DHB office/corporate roles, where computer accessibility was generally a 1:1 ratio with staff, ward staff had to resort to communal computers. If a member of ward staff was able to find time to check their emails, they also had to ensure this coincided with the availability of a computer.

Example 1:

> *P: "There are two [computers] that we can use. Generally it depends. The Charge Nurse and the ward clerks have one and the nurses have one that can be used."*

Example 2:

> *P: "I probably check mine [emails] every day or every two days, but that's because I have direct reports as well so I need to check emails and keep up-to-date. So for me it's slightly different, but I think most people would check theirs every week, probably?"*

Participants' email habits and computer access were investigated during Phase Three of the research. If a participant's occupation was desk and computer oriented then they would check their emails at least hourly. Furthermore, email communication was thought to be the best way to communicate with staff with easily accessible email accounts. Once again, ward-based staff suggested computer access was an issue.

Example 1:

> *P: "Email – Only excellent if staff on PC all day (as I am)."*

Example 2:

> *P: "For me (office based) definitely email."*

Example 3:

> *P: "**[How often do you check your emails?]** Three times a week – not enough computers in physio department."*

Successful engagement with lean email communication was possible although dependent on the ease of email accessibility. Whereas, other lean communication such as newsletters and DHB magazines appeared to have less potential for communication engagement due to the requirement to find them and then make time to read them. Participants suggested they were too busy to read many of the newsletters they receive, and this was reflected by a participant who suggested reading communication was not a priority when compared to the demands of their role, and therefore made the choice not to engage further with such communication.

Example:

> ***I: How often do you read DHB publications or newsletters?***
>
> *P: "About 50 percent of the time – depends on how busy I am."*

The same participant also indicated that role demands affected the ability for staff to communicate on a one-to-one basis with each other. Furthermore, other comments made by this participant indicated an acceptance that their environment is time pressured and the availability of staff for rich communication is decreased.

Example:

> *P: "We have access to our Director of Nursing, not that she's always accessible due to time constraints as she's a busy person."*

The acceptance that staff are too busy to engage in communication appeared to be prevalent among many participants, and in particular those who were considered "old school" nurses. A participant indicated that being busy was the status quo and if time was made to engage in or with change-related communication, it had to be substituted for work within their day that was considered menial. Such data contributed to the finding that change communication was considered a low priority among staff.

Example:

> *P: "[MT4C/FTR] we're all a bit cynical about these sorts of programmes because they don't really help a lot in the end…I've been on and off nursing since the 1970s, but so many things are just part of the job and I don't know if a lot can be done in most cases… we spend an awful lot of time caring for a patient when the showers and*

sponges could be done by an aide. If we didn't have to do all of that we'd have enough time to read the notes and think about how they're getting on and that medical stuff."

A participant provided an interesting comment regarding the priority staff gave communication within their organisation, and suggested that staff have convinced themselves they do not have time to set aside for communication.

Example:

P: "We're very patient focused in our communication. We don't have much time in a meeting to discuss issues or things we'd like to see happen…Sometimes I think we get so busy doing our work that we don't think we've got the time to set aside."

It seems communication within the ward has a strong focus on patient care and very little to do with organisational matters. Additionally, engagement with any communication appears to be reduced due to time constraints within the ward setting, where staff make conscious decisions not to engage with communication based on their availability**.** Communication outside of the immediate area of work appears to be low priority for staff, in particular communication with senior management.

5.2.2. Perception that *"Time is Money"*

During the interview process, it was noted that participants often referred to time in the same context as money. Playing on the common phrase 'time is money', terms associated with money such as "spent" were used in a similar context when referring to time. Because the organisation studied was a government funded organisation, this may provide some basis for how the sense of time and money being reciprocal exists within the environment. Employee sensemaking processes lead to the perception that time was a limited resource, similar to money. This perception was a contributing factor to the culture of time poverty. It affected the evaluation of change communication's relevancy and the allocation of time to engage in change communication. A participant suggested that during change, at the forefront of staff minds was time and money with respect to resource expenditure.

Example:

P: "People raise questions about cost, support, timeframes and resources available [in relation to MT4C/FTR]."

When asked what the key goals of MT4C and FTR were, saving time and money were often offered as being key goals of these change initiatives. Time and money saving were clearly seen as explaining management's motivation.

Example:

P: "To save money, time, keep things tidy, enable in the long-run, you to have extra few minutes for the patients. If things are tidy, you run a good ward; it saves the mentioned [sic] as it's all relevant – saving your time and energy."

One participant made a literal connection to the concept of "time is money" by suggesting organisational members have a strong sense, that time wasted means money wasted. Throughout the interview, this participant conveyed to the researcher a sense of detachment from their fellow ward colleagues. They talked as if they were an observer of organisational behaviour and suggested that, by spending time communicating to staff and educating them in organisational change, positive benefits may be reflected within their patient care.

Example:

P: "They realise that minutes mean money, so if you can save minutes, you can spend more time with patients…and you actually need to have time spent educating people about it…"

Such observations were consistent with comments made by a Charge Nurse during Phase One of the interviews. In this case the participant commented that spending money on a change initiative had to be supported by spending time improving the understanding of staff in order to get buy-in for organisational change.

Example:

P: "Some people ask about the progress [of MT4C] considering a lot of time, effort and money have been spent…To improve compliance or understanding, you have to spend more personal time."

Interestingly, participants during Phase Three also used the word time in association to 'spend' and treated it as a 'resource' equivalent to money.

Example 1:

P: "Finding processes to save wasted time to spend on more patient stuff."

Example 2:

P: "Project to try and identify areas that are repeated to make people free to spend time with clients and patients."

Example 3:

P: "Trying to make our work efficient so we can spend more time directly helping patients."

Example 4:

P: "Process to maximise effective use of time in patient care ensuring better use of resources, applying lean thinking principles etc."

Phase Three participants represented various occupations, departments and geographic sites. They also used the notion of time as if it was a resource that could be saved, spent or wasted like money. This suggests the perception of 'time is money' was widespread across the organisation's workforce. The pervasiveness of this perception of time as money provided the basis for the researcher to conclude that employees' sensemaking about their work experiences generally and communication specifically was shaped by belief that there was insufficient time; that there was a prevailing sense of time poverty.

5.3. Management Visibility

Participants reported varying but largely limited ability to name more senior staff, especially upper management. The low profile of upper management with frontline ward staff was illustrated throughout the interview process. A lack of managerial presence on the ward meant frontline staff did not have a direct personal or professional connection for management-led communication and indicated communication driven from management often went unnoticed. The impact of this appeared to be the limited ability to effectively communicate management-led change initiatives, and this was gauged through two contributing factors:

a) Low profile of upper management and the high profile of ward associated management
b) "Us versus them" – ward staff versus upper management.

5.3.1. Low Profile of Upper Management and the High Profile of Ward Associated Management

Throughout ward staff accounts, the term "management" was often used to refer to ward-level managers such as Charge Nurses or the Director of Nursing, rather than corporate and non-ward managers. This was perhaps a result of ward-related managers having direct and daily contact with ward staff, and therefore being recognisable as management to frontline staff. For example, when asked how visible upper management were and the best ways for upper management to communicate with staff, a participant indicated a poor knowledge of who the upper management team at the DHB were and immediately referred to ward management instead of senior corporate managers.

Example:

> ***I: "How visible do you think upper management are?"***
>
> *P: "So people higher up?...No, no. there wouldn't be many people that we'd see or have communication with above ward-level, other than the Director of Nursing because they're sort of based here so you can sort of picture them, but above that no. I wouldn't have a clue."*

Furthermore, when asked if they knew certain members of the upper management team, a participant proposed that ward staff only need to know those managers that have direct implications for the ward.

Example:

> *P: "No, sorry… [upper management] Don't know them. There are so many people on the ward I need to know*."

There was no evidence in the data of participants making time to get to know who their upper management were and how their roles affect the ward setting. A participant suggested it may not be a case of upper management making themselves visible, but rather ward staff not making the time to find out who their upper management team was and what they do. Such data suggests that there could be a link between the apparent time-impoverished culture and

the lack of awareness of senior management, including those implementing the change initiatives. A sense of limited available time may also explain the lack of communication between upper management and ward staff.

Example:

> *P: "Well I look up things so it's ok for me. But I think for the majority of staff they're [upper management] not visible at all as they [staff] don't choose to go searching for things, and they're not interested in meetings whereby we have a discussion about things…"*

Phase Three participants were asked to label members of the upper management team based on an organisation chart that was obtained through the organisation's public website. While most of the participants were able to name their CEO, the Communication Manager and the GM HR did not have high profiles among these participants. This reflected a policy that the managers in specific areas should be responsible for communication regarding corporate initiatives. This policy was clearly successful as there was strong association between the term "management" and ward-level managers such as the Charge Nurse, or a specific director of a discipline (e.g., the Director of Nursing). Participants reflected this close linkage between ward-level managers in the following accounts. These accounts suggest ward-level management were seen as being approachable and credible sources of information by frontline ward staff.

Example 1:

> *P: [feedback] Yes, we can talk to our Charge Nurse which is very good and always listened upon if we talk to her on a one-to-one…she listens and it gets passed on…we can either talk to her privately or together whatever the subject is. It's really good, but you need that right sort of person to be able to do that with and we have that, so it's good.*

Example 2:

> *P:* ***[can you name upper management members?]*** *"No. Just the big manager upstairs who's very approachable and you feel as though you could ring her and go and see her within five minutes."*

I: Who is the "big manager"?

P: "[Name of a ward-related manager.] I feel very comfortable with that, but I can't recognise anyone else. A lot of us have been here a long time and a lot of people come and go and you never get to see them or even know who these people are."

The authority that ward-related upper management add to communicating change seems to be acknowledged and utilised by change implementers on the ward. When asked to describe an example of effective communication, a participant outlined a communication event that involved using the authority of the Director of Nursing to motivate staff during a particularly busy and under resourced period of time. This was achieved by bringing the Director to the ward and communicating with frontline staff directly.

Example:

P: "Sometimes we're so busy and frantic in our environment and often under-resourced…by communicating that to the Director of Nursing and asking her to come and reaffirm what she's saying to the staff, takes away that "nobody's listening" by inviting the boss to just come in frequently, not for any specific reason, just to come at hand over time for her just to affirm that they're doing ok. It's effective when people's buckets are empty… reaffirms to them that they're valued…Use her status to really communicate ok, this is the situation, nobody's coming however we want you to do the best you can with what you've got and use the staff around you to make sure it's a good environment."

Phase Three data suggested that the Chief Medical Officer and the Executive Director of Nursing were found to be the most recognisable upper management members. This further supported the higher profile of ward-related management versus management with less distinct links to the ward such as the Communication Manager or GM HR.

5.3.2. Ward Staff Versus. Upper Management

Even though the policy of locally led change communication appeared to besuccessful, participants believed the low profile of upper management was was a consequence of the senior management team not making themselves visible to frontline staff. One participant who offered this view used an oppositional discourse in their account of change

communication that suggested a disconnection between ward staff and upper management. This is captured in the following interview excerpt:

> ***I: "Are you able to tell me who the Communication Manager is?"***
>
> *P: "Nope wouldn't have a clue. No. No. Don't know anyone above the nursing really. Don't know anyone. They don't make themselves noticed and we don't have a need to go there because we go through our chain of command. So no, we don't go there."*

This disconnection appears to affect staff perception of change initiatives, encouraging a view that no collaboration or feedback is directly sought from frontline staff. Rather there was a sense of that change management was directed from the upper echelons of the organisation and isolation to the views and experiences of frontline staff This was seen to cause a discernible air of resistance and opposition among staff towards senior management. Participants' accounts of their experiences of the change initiatives being studied contained suggestions that during these changes these feelings of "us versus them" were enhanced.

Example:

> *P: "I think people think it [MT4C] sounds varied but don't know how it's going to work in reality. Sometimes they think some of this stuff is impractical. There's always the thought that management make these decisions and try and implement them but don't actually realise how a ward runs from day-to-day. So there's probably a mixed reaction to it actually. There's more negative than positive out there at the moment but that usually happens with change initially…people aren't always open to change initially so they always think of the bad things."*

In change situations when management made themselves visible to staff through a physical introduction or encounter, management were perceived by staff to be approachable and able to operate at the same level as them. This visibility seemingly decreased the unease and ambiguity felt during change. A participant reflected on a communication experience where upper management visited the ward and directly communicated the change to staff. This appears to have been appreciated, however within the account there was still a subtle sense of opposition toward upper management expressed. The participant suggested upper management were highly directive in change situations and ward-level staff had to obey the apparent chain of command. This seemed to generate feelings of resistance towards change and senior management among staff.

Example:

> *P: "[Management visibility] Lots of them I wouldn't know to tell you the truth. I know who the Service Manager is because he's come to the ward to assess psych patients, but the ones above, all we're getting is all the "you're doing this or you're doing that", all these things are changing. Even the manager, I didn't even know what her name was until someone said something about {Name} and I thought 'who's she?!'…they did say yesterday and I've forgotten already."*
>
> ***I: "Would you know who the Communications Manager is?"***
>
> *P: "The Communications Manager? Is that Caroline? No! I don't even know who the Communications Manager is, no."*

In summary, the organisation's communication environment appears to be shaped by a policy of engaging lower level and disciple- related managers to communicate change initiatives constrained and an "us versus them" culture between ward staff and senior management. This disconnection between frontline staff and senior managers appears to stem from senior managers' lack of direct links to ward-related activity and was compounded by ward staff wanting to be primarily concerned with their ward work and not feeling their time was well spent understanding senior management roles. Senior management's lack of physical presence on the ward only exacerbated this sense of disconnection.

5.4. Network Effects

The presence of networks within the organisation was highlighted throughout the interview process. Three levels of networks within the organisation were identified by participants:

1. Geographical networks
2. Ward networks
3. Professional networks

Geographical Networks

The organisation had networks created by geographic location. Participants indicated geographic distance separated them from their counterparts and created an immediate community based on the geographic location of their work site. Participants from smaller sites other than the public hospital felt they were outside the main loop of communication at times, and this resulted in them being unaware of initiatives at other sites. One participant suggested that communication originating from the main public hospital was often given more importance than communication from other sites, and this could result in important work that occurred at smaller sites not being communicated to the wider organisation. There were suggestions that this could limit the effectiveness of internal communication as not all relevant topics were open for collaboration among the greater audience. This may have generated a perception within smaller sites, that the organisation's internal communication was not relevant to them and therefore discouraged their participation and engagement with communication.

Example:

> *P: "There is a delay sometimes in physical communication. Also the DHB's prime focus isn't on satellite sites – it's on the central public hospital and there's relevant pertinent work happening that's not based at the public hospital and that limits the communication sometimes… It limits the effectiveness, input and veracity of information that's spread to some of the satellite campuses."*
>
> ***I: "Does the intranet bridge that distance in any way?"***
>
> *P: "Other than [main hospital], there's not much information for PMH or Burwood."*

The perception of minimal two-way communication between geographical sites had implications for staff within rural hospitals. Participants suggested staff at these locations lacked awareness of positive initiatives taking place at the bigger sites. Because of the reportedly limited communication between geographical sites regarding positive change initiatives, some participants speculated the ability to improve ward performance might be inhibited.

Example:

P: "I've spoken to colleagues in a rural hospital and some of the things she's doing, they are either not aware of or it can't/won't be done. There are different interpretations of communications throughout the hospital and wider [organisation] Sometimes we all need to know what each other are doing to avoid duplication. Sometimes people are doing interesting things but they aren't publishing them, should be praising good work."

Interestingly, the previous two accounts were provided by Charge Nurses and they both reflected on the way geographical distance can impede knowledge transfer. In comparison, it seemed ward-level staff were less concerned about knowledge transfer and perceived the necessity to communicate with other sites as limited to communication regarding patients, for example, patient transfers. A participant who was a hospital aide at one of the bigger hospitals, concluded that communication between sites was very poor and that this often had implications for their daily work where delays were caused and time was wasted. The poor communication between sites seems to be a point of frustration for those staff caught in the middle.

Example:

P: "Personally doesn't think the communication between the hospitals is very good. It's like it's a million miles away…that's just through experience and going over with patients on escort work… I don't always think it's consistent [within a ward and between wards]… If you go over to public doing escort work, there's not a great deal of communication between doctors to nurses to us. Seeing as I don't have patient contact, it's not always good. I can go over to public and we know very little of the patient's knowledge and that can be a battle."

The lack of 'who's who' knowledge between sites further contributed to, and was a result of, the reportedly poor communication between sites, and would cause work related issues and delays for staff.

Example:

P: "[Geographic impact between sites] I think so. I've occasionally had to contact other hospitals for various things, but in general you don't. Just because you don't know who they are and you don't know their hours. But there are times where I've had to talk to them and had to ring them up and it's been difficult because you don't

know who they are, so to get through and talk to the right person that sort of thing – it's hard."

During Phase Three, the researcher noted many participants had not heard of MT4C or FTR. Two participants in particular that were lab staff mentioned to the researcher they do not see themselves as part of the wider organisation and even debated between themselves whether they were officially DHB staff or not. Neither of them had heard of MT4C of FTR and their encounter with the researcher was the first time they had come across either initiative. Most management and ward staff from other departments and hospitals in the Phase Three sample also had not heard of the initiative, despite its publicity through internal newsletters and the intranet. While this indicated a potential issue with media utilisation, it also indicated communication between pilot sites and the wider geographic sites was poor.

A participant who worked across various sites within the organisation and had associated with different geographic site networks suggested these networks have a strong identity and this has led to some instances of "us versus them". There was indication that staff choose specific work sites based on the network perceptions of the site and how well the site network reflected their own personal motivations. The following participant outlined the nursing staff's perception that the medical-geriatric hospital was considered a "backwater" to the more "central" and "switched on" main public hospital.

Example:

P: "For me – I see the [DHB] as wide as the whole [provincial region] area and the [adjacent region] so it depends on your view. I've worked at [the main public hospital], I've worked at [another large hospital run by the DHB] and I've worked here [a third large public hospital run by the DHB], so it's not a "them and us" for me personally, it's "we're part of the team and we have different specialties and we do different things". There's a certain mindset with people who have been here for a long time that there's a "them and us" which is sad really… I think because at Public people are exposed to various things and the Charge Nurses are pretty well switched on with what's happening in the "central hospital"… I think there are great opportunities there and I think sometimes people have chosen to work here as a bit of a backwater to be honest, and haven't necessarily kept up their skills and knowledge – nursing staff that is."

5.4.1. Ward Networks

Within each geographic site, there was a further network visible within each ward. During the data collection phase, it was noted that each ward identified closely with those within it, and had a distinct culture that reflected the management style of the Charge Nurse. For example, if a Charge Nurse was receptive towards the present research it was often easier to gain participants as staff reflected this receptiveness. In contrast, if a Charge Nurse was less receptive to the study, the ward staff reflected a certain sense of hostility towards the research and gaining participation was made difficult.

There was only one participant who was an exception to this. Throughout this participant's data were comments about how their Charge Nurse impacted on the effectiveness of communication and the level of staff communication engagement.

Example:

> *P: "[Feedback] Mostly in informal ways. I think that the whole system of meetings and taking the staff seriously and allowing people to contribute and come forth is just not the way things work here. In this particular ward. So it has to be led from the top and especially in this ward setting, for it to work.*

The participant reported that opportunities for inter-ward interaction were not found to be facilitated except for patient-related activity. This was used to explain why staff were unaware of occurrences on other wards within their geographical site, and also the wider organisation. This was emphasised by another participant when asked if they knew which wards had piloted MT4C. They referred to activity on other wards as being in the realms of the unknown and removed from the activity within their immediate work setting.

Example:

> *P: "I don't know where the pilot wards are. I think one of the wards had a launch at [city] Public, can't remember which one, but apart from that, no. You hear of the things happening out there but you don't actually know what goes on."*

A participant elaborated on the apparent communication gaps that were present inter-ward, and suggested the organisation's publications and newsletters have the potential to bridge these gaps given staff engage with such communications.

Example:

P: "I think they're ok. [DHB Newsletters and Publications] They give you a wee bit of communication outside of your own ward. And it's nice to hear what's going on elsewhere, because it can be quite divided sometimes. Public can be quite separate. With the wards here [one of the bigger hospitals] you don't catch-up a lot. So I find it quite useful."

5.4.2. Professional Networks

A third network level was created by professional association (i.e., networks based on staff members' profession). Participants' accounts suggested that professional networks operate within a ward setting, and exist alongside the professional hierarchy. The following participant alluded to the difficulty in communicating with staff from other professional networks, particularly when professional jargon was used.

Example:

P: "[Effectiveness of ward communication] Again good, but it's something I feel needs strengthening. I try really hard to communicate to colleagues as much info that is relevant to them at their level. For example, nurses, ward clerks, doctors and other support staff. It's good but sometimes the communications between these groups is alarming… Some people don't know how to communicate right down to the fact that the communications is so variable and so interpretive. We use jargon, non-verbal expressions etcetera. It depends on who's communicating to who, too. For senior nurses it's different to a hospital aide – backwards between groups it's so variable."

The presence of a professional hierarchy was further supported by another participant who described the reluctance to cross the invisible "interdisciplinary boundary" within a ward. They suggested that crossing the line would not be welcomed by other professional groups. Furthermore, poor communication between disciplines caused issues, particularly with time being wasted to resolve miscommunication. However the reluctance to address the issue of improving communication seemed to be widespread among staff from all professions.

Example 1:

P: "I think everyone seems to think it's [MT4C] going well because it has definitely made things easier. And everyone comes together on a common ground to talk about

the issues so I think it's really good I haven't really heard any negative – well apart from some things not working as well like Put It Back Jack."

I: "What do they do with the negative comments?"

P: "Just talk about it and forget about it really. It's not really appropriate for us to talk to nurses about it; we just sort of mention it and let them take care of it."

I: "Has anyone brought these up at Ward Action Group [WAG] meetings?"

P: "No I don't think so."

Example 2:

P: "[Effectiveness of internal communication] I think overall it's pretty good but I definitely can see areas for improvement. The nursing staff have good communication between them, but with doctors and allied health there are definitely downfalls. I was in orthopaedics for about six months prior and a lot of communication from operation notes and things, but there was a lack of communication there and it ended up with not so much mistakes but a lot of time wasted. So I could definitely see where there could be room for improvement."

"Floating" staff that rotated between wards on a roster basis were thought to impact on the effectiveness of interdisciplinary communication. This was perceived to be primarily because the ward audience was constantly changing due to the presence of "floating" staff, therefore change communication was not reaching a standard audience and change implementers could not be certain every communication message was reaching all relevant staff.

Example:

P: "I think allied health and nursing, and allied health and doctors have good communication within the groups, but all of us together doesn't seem to happen that often…In the surgical ward, unfortunately – we're supposed to have teams based in the wards, but we also get other teams coming in who have patients with us, so although you can communicate well with your consultants it's not very easy with others coming in and I think that's part of the problem."

During Phase Three, non-ward staff addressed the perception of "us versus them" in relation to ward staff versus non-ward staff. When asked to describe MT4C, non-ward staff suggested it was an initiative that concerned nurses only, when in reality the intention of the programme was to improve systems across the entire DHB irrelevant of profession.

Example 1:

P: "[MT4C] Nursing thing"

Example 2:

P: "[MT4C] More time for nurses to care for patients"

The presence of three distinct networks within the DHB was evident throughout participant accounts. While geographic networks were obvious, further network divisions at ward-level and professional level were more subtle. Participant accounts emphasised these networks and suggested communication gaps existed within each of these network levels. However, key members of staff that have the potential to bridge these communication gaps were identified, for example, at a professional level, floating staff may act as communication agents as they travel between wards and deal with various professional groups. Charge Nurses similarly had much influence within the ward setting and appeared to act as gatekeepers on the ward. At a geographic level, it would seem that media chosen to communicate are important. If it is a medium that staff are positively disposed to then it has the potential to bridge gaps, more so than any key staff.

5.5. Conclusion

The communication environment within the DHB is complex and varies according to location. However, a culture of time poverty exists throughout the organisation with staff reporting that they considered they were too busy to wholly engage in communication events. The staff have a strong sense that time is an important and limited resource, like money, and this contributes to this culture. Furthermore, non-ward related managers have poor visibility among frontline ward staff, and this appears to inhibit the effectiveness and engagement with communication driven by the corporate managers. There is a perception that those managers who are visible on the ward are the only ones worth knowing. This makes line managers a trusted and credible source of communication and also the gatekeepers of communication at ward-level. This is both supported and created by the deliberate strategy of using these line and discipline managers as the communication sources for change initiatives. Lastly, there are layers of networks within the DHB: the geographical level, to the ward-level and then professional networks, with communication gaps present at each level. These networks contribute varying perceptions about internal communication within the DHB. The networks

individuals associate with play an important role in determining what communication staff they engage with. The discovery of these environmental factors promoted further investigation of factors that directly affect the process of communication engagement. These will be discussed in the following chapter.

CHAPTER SIX – Findings – Part II: Engagement with Change Communication

6.1. Introduction

This chapter provides the analysis of the data gathered on staff engagement with the MT4C and FTR change communication. Engagement was defined as the level of interest and participation a staff member reported when change communication was encountered. Two factors emerged as contributing to the moments of engagement and the moments of non-engagement within participant accounts: (1) Richness of communication (2) Relevancy and importance of communication. Findings from Phase Three provide support for the prevalence of these factors and their effect on staff engagement with change communication. Finally, this chapter will conclude with a model of the process of engagement, describing the engagement process of staff who encountered change communication.

6.2. Engagement

Participants' accounts of their responses to the two change initiatives suggested they either engaged with the associated change communication or were non-engaged. For the purposes of this research, non-engagement was defined as the state when an employee made the active decision not to engage with the change communication, and therefore did not display further signs of sensemaking about the change or attention to the related communication.

Two key factors were found to affect participant engagement with the change communication:

1. Richness of communication
2. Importance and relevancy of communication

In order to show the way in which these factors impacted on engagement with the communication, each factor will be discussed using examples of engagement and non-engagement to illustrate the contributing effect on participant encounters with change communication.

6.3. Rich Communication

The Media Richness Theory suggests rich media offer instant feedback, the use of multiple cues, the use of natural language for portraying a broad set of concepts or natural ideas and

the personal focus of the medium (Sheer & Chen, 2004). If all these are present within a medium it is considered rich, whereas it is considered lean when only some exist. For example, in-person, two-way communication satisfies the criteria for media richness and is considered one of the richest forms of communication, whereas emailing does not fulfil all the criteria and is considered lean.

6.3.1. Moments of Engagement

Change communication that utilised rich media provided opportunities for feedback and enabled staff to communicate in a two-way and direct manner with one another; this facilitated a higher level of engagement with communication. Rich communication with staff was often up-front and direct, therefore unavoidable, making engagement almost inevitable. When engaged in rich communication, such as in-person meetings, staff would collaborate and openly discuss the communication object, while providing feedback and making sense of the change communication. A participant described why meetings were able to engage staff through collaboration.

Example:

> *P: "Probably meetings – staff meetings. I find those very good."*
>
> ***I: "Why so effective?"***
>
> *P: "Because everyone gets together. It's not a one-by-one - everyone knows the same thing at the same time and that really is effective, and there could be more of them."*

The open forum created by a meeting allowed for the clarification of issues and collaborative sensemaking regarding change communication. This indicated how rich communication had the ability to facilitate higher level engagement among DHB staff. During a participant account, the appreciation for open and direct communication within a meeting setting was expressed.

Example:

> *P: "We also have a meeting which is being restarted every fortnight which is just a nursing meeting. And again, we have our MT4C boards so the minutes of the meeting etcetera are up there. The best one I think is the ward meeting with allied health, just to discuss the patients; it seems to be the most effective way to communicate."*

Furthermore, well-led staff meetings facilitated by ward management resulted in engagement, where staff had the opportunity to collaborate regarding change communication. A participant provided an example of this and indicated how strong leaders gained communication engagement among staff.

Example:

> *P: "[Charge Nurse] will meet us at 2:30pm and express to us something she wants to do and it's followed-up on paper. She'll write out what plan she has in place and try and implement things and tries to get a reaction from the others and what everyone thinks of it."*

When asked to describe an example of internal communication that engaged them, a participant suggested the characteristics of rich communication facilitated engagement among staff on a one-to-one basis.

Example:

> *P: "One thing and I don't know if it's relevant but what I find extremely good between public and here is the handover process when we're expecting a patient from them and they ring us. Because it's one thing to read what is written but it's so much more effective when you hear them on the other end of the telephone you can ask them whatever you need to about your patient and that works well."*

The participant suggested direct forms of communication were preferred due to the ability for instant clarification, whereas reading written communication is lean and leaves sensemaking to the communication recipient in isolation, rather than in collaboration with the communicator. Sensemaking in isolation regarding ward activity increased the likelihood of misunderstandings through the lack of instant clarification. Additionally, there was suggestion that the familiarity of the telephone medium made this form of rich communication more effective for the participant and engaged them within change communication. The comfort found in media familiar to participants was echoed by another participant, who when asked how effective print communication was, suggested rich media were more trustworthy and credible than lean media such as newsletters. There was also suggestion in-person discussions provided the richness necessary to ensure the communication recipient understood key messages.

Example:

> *P: "Hard to know as hard to know how many people actually read it. Can be effective to keep people informed but wouldn't trust it alone. Would trust more ward meetings or one-to-one, personal group communications instead of just reading a newsletter. It's quite hard to know who's reading it and things may need to take longer to explain. To improve compliance or understanding, you have to spend more personal time."*

The notion direct communication provided instant clarification was reiterated by another participant, who felt direct verbal communication was the best way to communicate while on the ward.

Example:

> *P: "When working with colleagues the most effective way is to actually talk to them. It depends who it is. If it's someone like the dietician or the social worker, because we see them regularly on the ward it can be verbal…"*

Although rich media seemed to increase the likelihood of engagement, there was a sense that rich communication was time consuming and decreased efficiency within the ward. Whereas lean media were perceived as efficient, with the potential for engagement when the medium used was familiar to staff and they were confident in its use. For example, participants who were familiar and confident in using DHB email and intranet were often engaged by communication provided through these media. Staff that recognised themselves as technology savvy were drawn to these media, as were management and corporate participants with office bound roles, who were required to use computers regularly in order to fulfil their duties. Two participants that identified themselves as technology savvy provided examples that illustrated how they perceived email and the internet as having the ability to engage staff.

Example 1:

> *P: "Very good. Most of my staff have email, so they read that. The internet is available to them."*

Example 2:

> *P: "The internal email is a good way of communication we have."*

Email and text messaging were perceived as efficient means to communicate with staff and had the ability to engage technology savvy staff. A ward manager provided an example whereby they utilised email and text messaging to create engagement with their staff. This participant also indicated their staff were graduate nurses, and perhaps there was a relationship between the willingness to engage in communication through technological media and the generation these nurses belonged to.

Example:

> *P: "I probably check mine every day or every two days, but that's because I have direct reports [graduate nurses] as well so I need to check emails and keep up to date. So for me it's slightly different, but I think most people would check theirs every week, probably?"*
>
> ***I: "Do you communicate with your reports through email?"***
>
> *P: "Yes I do. Either that or text message so that's the main ways I communicate with them. They've all had computer training when they first started, so they all know how to access emails. It seems to be becoming more common."*

An exception to the prior example occurred through a nurse who described themselves as from a generation of nurses who are typically not technology savvy, however recognised themselves as technology savvy. This particular participant had taken time away from nursing and worked within the corporate world. Here, they had become familiar with email and the internet and continued to utilise these within their ward-level role at the DHB. This participant displayed engagement with communication surrounding MT4C and FTR that utilised email, the internet and the DHB intranet.

Example:

> *P: "I've got an email address and I look up things and I look up the web, it's all there. It's simple if you're computer savvy and you take the time to use it. For me and for those that do use the computer – that's the best way. I collect so many bits of paper… you can browse the notice board but it's much easier to keep up to date with the website."*

Rich media had high potential for engagement, while lean media also had high potential when the media were familiar to a participant. This suggested the existence of two groups of participants: (1) those that preferred lean communication through familiarity with the media available and the ability to take control of communication within their time pressured

situations, and (2) those that preferred the interpersonal, group dimension to communication. It seemed rich and lean media had differing characteristics with their own strengths for creating engagement. Participants suggested these strengths may be used through a mixed media approach in order to enhance the engagement and overall effectiveness of a change communication campaign.

Participants' examples of a mixed media approach described how rich media were often used at the beginning of a communication campaign to communicate complex change messages. Then, these messages were supported with lean media communication that provided reinforcement to key messages. For example, the communication campaign to launch the MT4C/FTR module, *"Put It Back Jack"* (PIBJ) involved a mixture of meetings, visual communication through posters of Jack Nicholson (Hollywood actor) or nursing staff enacting the principles of PIBJ, together with the catchy phrase itself. The combination of visual communication and a memorable verbal phrase reinforced the key messages of PIBJ that had already been conveyed during meetings and staff education days. Furthermore, change implementers or educators were often used to verbalise change communication on ward. This would include the change implementers or educators physically walking staff through changes and communicating with them in-person. Participants recalled the effectiveness of reinforcing communication through several media as aiding in their engagement. A participant described the successful implementation of a mixed media approach when introducing a new clinical procedure within the ward.

Example:

> *P: "When they changed the protocol for early warning signs and brought that in – that was quite well done. They actually had what it was, a list of it and the gerontology specialist went around the ward on an afternoon shift and went though it with you. She gave a page of notes just saying about it, or a couple of pages, some of it was colour as well and it just showed how it worked. There's another programme that had changed as well so she came around and went over that sheet as well."*

The approach reinforced key messages through the use of visual material (some in colour which had strong visual impact), verbal communication, and an on-ward trainer that physically walked staff through the new procedure and facilitated a forum for two-way dialogue with staff. This signified the notion that communication for staff at the DHB was embedded in practice, and the rich, in-person communication experienced by having a trainer

on-ward connected communication theory to their daily work practices and facilitated engagement. A similar mixed media approach was used within the MT4C campaign, where key messages were communicated using several different media.

Example:

> *P: "There has been various communications around Fast Track [Rollout]. Most has been via email. They've been very clear around expectations, for example, around timeframes for implementation. There have been phone calls and face-to-face meetings."*

Mixed media approaches to communication were considered useful within the time pressured DHB environment. Participants' accounts described the environment as non-facilitative of face-to-face (i.e., in person) communication. Collaborative communication with fellow colleagues surrounding change was limited to short, organised and scheduled moments. However mixed media approaches to communication were able to counteract the limitations of a time pressured environment.

Example:

> *P: "When working with colleagues the most effective way is to actually talk to them. It depends who it is. If it's someone like the dietician or the social worker, because we see them regularly on the ward it can be verbal, but you need to do the paperwork to back-up what you're requesting or saying and put it through."*

The example provided shows how a mixed media approach can improve the likelihood for engagement, through the follow-up of initial in-person communication with written documentation of the discussion for later reference. It became apparent that DHB staff had adopted context-dependent strategies when faced with communication. They had mechanisms to create engagement within a time pressured environment, and one such way of achieving this was through the documentation of discussions so staff had a reference of the communication to make sense of at a time more convenient for them.

Findings from Phase Three of the research provide further support to findings from Phases One and Two. During Phase Three, participants reflected the notion that staff had adopted mixed media approaches for gaining engagement from other staff when communicating change. When asked to describe the methods of communication they found most engaging, participants suggested verbal communication, either in-person or over the phone, supported

by written documentation or notices on the notice board were the best methods to engage them with communication. By supporting initial communication with lean communication, key messages were reinforced and communication was made memorable.

Example 1:

P: "Email and notice board"

Example 2:

P: "Word of mouth through staff meetings, backed-up by posters or an email"

Participants (particularly management participants) indicated they perceived communicating as the provision of information for staff. Communication was often described as the transmission of change communication to staff, without further facilitation of sensemaking to ensure engagement had occurred. This was particularly prevalent in wards where the Charge Nurse was an active gatekeeper of information and had a non-facilitative approach to collaborative communication. When communication was considered an act of transmission, the richness of communication had less impact in creating engagement, as communication was purely one-way with no opportunity for feedback. In these instances, ward management would utilise various media to transmit messages and make information available to staff.

Example 1:

P: "I've got a notice board with topics and all the emails and memos go under them, then I tell the staff to read them – can't do any more than that – apart from making them available, I can't make people read."

Example 2:

P: "They all have email access and intranet access – whether they do it or not is another story. I made sure everyone had access at the start of year and told them they had to check at least once every 2 weeks."

Example 3:

P: "When I get internal communication, it goes into the communications folder and on the board. If it's urgent, they get photocopied and put in their drawer. Then it's up to them to read it… I was told last week that I may over communicate but they appreciate the fact that I do put all the emails I get out."

These examples suggested engagement with communication was "hit or miss" when communication was perceived as an act of transmission. There was further suggestion that staff were accustomed to, and perhaps expected, communication to be the one-way transmission of messages. However, transmission of communication messages did not ensure engagement had occurred, and participants within the study indicated a sense of communication overload.

Example 1:

> *P: "There is just too much of it to keep up with."*

Example 2:

> *P: "There's a myriad of communication that comes up through my office every day, email, mail, phone calls etcetera."*

Therefore, the one-way transmission of messages did not guarantee engagement with change communication. It seemed staff had become accustomed to this style of communication, and in some instances felt overloaded with information. The non-facilitation of collaboration communication may have led to some staff not understanding key communication messages or the impact of these on their work environment. These findings suggest one-way, lean communication was not sufficient when communicating change to frontline staff and perhaps richer methods of communication that were unavoidable, direct and offered the opportunity for feedback would have been more appropriate in change communication.

6.3.2. Moments of Non-Engagement

Non-engagement was defined as when an employee made the active decision not to engage with change communication, and therefore did not display any further level of involvement or engagement with change communication. In these instances employees may have noticed the communication within the ward, but consciously chose not to participate in further sensemaking surrounding it. Findings from participant interviews suggested a relationship between leaner media and non-engagement.

While the characteristics of rich media generally enhanced the potential for communication engagement, the characteristics of lean media allowed for communication to be avoided and

for non-engagement to occur. For example, email was a commonly utilised form of lean communication in relation to MT4C and FTR, and participant accounts suggested many DHB staff were unfamiliar with the email medium, with some displaying a strong opposition to the concept of emailing.

Example 1:

> *P: "I have to admit I have not checked my emails at all. I don't even know how to do them. I've probably got a million emails there that have never been checked and now I've even forgotten my password, and I thought before this, oh no she's going to ask me about emails, but oh I'm just so not into them. I'm sorry. It's just something else wanting your time and I see this when your reading the email you can see who it's been sent to and your name is all on the top and I'm think oh for goodness sake!"*

Example 2:

> *P: "I don't personally go near the computer...I've got one at home that I rarely touch!"*

These participants made a conscious decision to avoid email communications; their accounts suggested non-engagement with change communication that utilised the email medium. Due to the lean nature of this medium, staff had the ability to avoid communication, as they could choose to not log on to their email accounts, open specific emails, or they could simply delete email communication at their will. The lean nature of this communication meant the onus of engagement was solely on the individual, with the communication implementer playing no further part in the sensemaking process or ensuring engagement had occurred. The reluctance or non-acceptance of lean, technological media indicated the existence of a subculture within the DHB, whereby staff were governed by their existing beliefs on how the hospital or ward should operate. In one respect, there were some that could relate to lean technological communication, and were open to its use and would engage in communication utilising these media. While in contrast, there were groups within the DHB that were fixed on traditional communication methods and were unwilling to engage in new methods, despite their perceived efficiency. Participants that were reluctant to use technological methods of communication appeared to be generally from older generations as opposed to Generation X or Y (although age was not ascertained during the data gathering process). This group who considered themselves non-technology savvy displayed a reluctance to change had fixed ideas on daily hospital operation and technological methods of communication.

Example 1:

> *P: "Some are so frightened they've never gone onto it – it's a bit silly really. I do go through it with them if they're really unsure. The older staff in particular are a little frightened of it."*

Example 2:

> *P: "I have a log in thing to get in to the intranet – never gotten round to doing it to check emails. I think we were supposed to get a time allotted and it was supposed to be organised, but it never happened so I've never done it. Come a time I'm going to have to apparently as all our timesheets are going to go online. I'm quite happy with the way it works. I must have an email out there and it must be jam packed with all these things."*

A ward-level manager acknowledged the reluctance of some staff to change, and insisted communication from management had to dispel the fear and uncertainty that change brought to these staff. They suggested direct communication rather than leaner media would ensure correct information was provided and prevent opposition to change. This suggested engagement with communication was dependent on management's ability to reduce uncertainty during change through the use of familiar media within a communication campaign.

Example:

> *P: "You always get the "stuck in the mud" that won't change and you ain't gonna [sic] change that at all! Got one whose anti it in ward, have noticed that if you go "excuse me, you don't need 4 of that" she'll put one back. If you sit down and explain to people they understand. If they're not informed correctly it spreads fear, any change does doesn't it?*

During Phase Three of the research, further findings supported the notion that lean media when communicating change were more likely to result in non-engagement. Participants suggested email communication did not engage them when they were not familiar with emailing or if computer access was limited within wards, with one participant suggesting computer usage was looked down upon during work times. Other lean communication such as DHB publications and newsletters also resulted in instances of non-engagement among staff. During participant accounts, it was revealed many staff did not recognise newsletters and DHB magazines such as *Healthbeat* by their names, with those that recognised them

suggesting they rarely read them unless there was information relevant to their roles within them, or mention of colleagues they knew. Again, lean communication tended to result in non-engagement as the onus of sensemaking was purely on the individual and not a collaborative process. Participant accounts described newsletters and publications as dull, irrelevant and with little correlation to their ward life. Although these publications outlined new ward initiatives such as MT4C, some participants consciously made the decision not to engage in these forms of communication. This indicated the inability of some lean media to communicate change as effectively as certain rich media such as in-person conversations.

Example 1:

> *P: "Depends what they're communicating really. Just trying to think of what I've read. I don't think I've read them. There's something called 'Family Matters' right? I think that's the only one I've seen. I don't think I've seen the other ones."*

Example 2:

> *P: "They are effective if you can be bothered reading them; they're pretty dry and boring. I guess the HR weekly is interesting because you can find out where the jobs are. I don't find myself picking them up really."*

Example 3:

> *P: "I don't think people read it so much. There's probably not a lot that comes out from the management side that people are reading that are directly related to the workplace and the wards itself."*

Example 4:

> *P: "Too much of what's not relevant by email!"*

Furthermore, the characteristics of lean media support the transmission of communication rather than the two-way, collaborative sensemaking necessary for engagement. Therefore, non-engagement was often observed in instances of one-way communication, as staff encounters with change communication were easily avoidable and staff could consciously decide not to engage with communication. There was a lack of follow-through by change implementers to create engagement during MT4C and FTR communication, and participants appeared to dismiss leaner forms of communication more readily than direct, rich communication.

Therefore, findings from participant interviews and questionnaires suggested richer media had higher potential for creating engagement with change communication, whereas lean media had reduced potential for engagement when used in isolation. However, a combination of rich and lean media within a change communication campaign appeared to have enhanced potential for engagement and collaborative sensemaking regarding change. Such a mixed media approach utilised the characteristics of rich and lean media to create initial engagement through rich communication that was reinforced and made memorable through leaner methods of communication.

6.4. Relevancy and Importance

Miller (2003) suggests people use omission, error, queuing, filtering and abstracting to cope with information overload. Miller proposed two types of filtering people use in communication overload situations: (1) filtering for preferred information only when there were moderate levels of overload and (2) filtering using a standard scanning technique, that is, scanning for errors or opportunities, to avoid opportunity loss when there was excessive overload. Certain information is thought to be selected by individuals from the masses of communication available within an organisation (Bawden et al., 1999; Edmunds and Morris, 2000; Hering, 1986, p. 16; Königer and Janowitz, 1995; Katzer and Fletcher, 1996; Opiela, 2005; Sparrow, 1999; Klausegger, Sinkovics, & Zou, 2007). The value of information to an individual is based on the following criteria (O'Reilly, 1980):

- Higher pertinence to fulfilling the decision-making task
- Easier access to the information (organisationally, spatially, and intellectually)
- Increased trust in the information
- Greater support for the decision maker's objectives
- Reduction in conflicts with existing information
- Greater power of the information source in relation to the decision maker.

When DHB staff encountered change communication, it became evident they had filtration mechanisms in place, for the prioritisation of communication they encountered. Engagement with change communication occurred when the information being communicated was considered highly relevant and important to the individual or group. Whereas in change communication perceived to have no direct impact on an individual, or where the potential

for impact was undervalued, the individual considered communication objects to be irrelevant and unimportant, resulting in non-engagement.

6.4.1. Moments of Engagement: Communication Relevancy and Importance

Communication perceived as highly relevant and important to an individual often resulted in moments of engagement. Within the DHB's time pressured environment, staff placed importance and relevancy on communication perceived as affecting their work situations. When communication had immediate appeal as being personally relevant, the organisational member would engage in communication and make sense of it. One participant suggested that information being communicated specifically about their occupation was of particular appeal and relevancy to them. It was suggested communication should be targeted at the relevant professional group, rather than all professional groups within a ward. Another participant suggested they engaged with communication that contributed to other professional endeavours such as further education.

Example 1:

> *P: "If it's something related specifically to physio then put it out to just physiotherapists. If there's something related to nursing maybe if it just went out to nursing staff and if it's something that's going to be sent out to everybody, then make sure it relates to everyone."*

Example 2:

> *P: "Because I'm doing study myself through Otago [University] – I'm doing the leadership management papers. I check the website, I check the documents. A lot of my assignment is based on strategic docs on the health board. I just look them up, find them, print them off and use them and there's a whole variety related to older person's health there. Really good things – strategic documents, reports for the year and strategies."*

Additionally, information that specifically affected the daily work of an individual was also considered relevant and therefore engagement with communication would occur. An example of this discussed by many participants was the occurrence of the Swine Flu pandemic in NZ during winter 2009. During this period, DHB management utilised many communication

channels to communicate pandemic planning to staff. Although this was a crisis communication setting, the situation was one of constant change and held potential learnings for change communication practices. Due to the critical effect of the pandemic on staff work patterns and patients, it was vital staff received frequent updates and staff were highly engaged with pandemic communication during this time. Many identified the crisis communication practices during the pandemic as the most effective they had encountered within the DHB. There was suggestion that the timeliness and frequency of the communication made it relevant and seemingly important to them. Furthermore, there appears to have been follow-through, where managers ensured communication messages reached all staff and they were followed with information such as status updates, research findings and the latest pandemic figures.

Example 1:

> *P:"…With the flu pandemic, they had a board that they just wheeled around the wards and would stay in each ward for a few days and that was really good because it updated people with what was going on. That was a good way to communicate what we should be doing, ways to wear protective clothing, things like that, just things that are frequently asked as well and then there are educators for it too."*

Example 2:

> *P: "I found that the communication around Swine Flu has been quite good. A lot of emails and not just to the odd staff member or the person in charge, but every staff member seems to have gotten emails through that were updating them regularly on what's happening. A lot of it seemed to happen at Public but we were still getting them through to keep us updated. A lot of verbal communication as well, our Charge Nurse was getting updated regularly and he'd relay that to us on the ward. In that instance, and that's been the biggest thing and it's been really important communication-wise to follow that through."*

A participant reflected on the communication during the pandemic and suggested the frequency and timeliness of communication together with the media utilised engaged them. They further suggested that communication was a primary method of educating staff about the pandemic, and without this education staff would not have coped within the work environment during the pandemic.

Example 1:

> *P: "Pandemic planning was very effective and efficient. A lot of work went into it. The feedback to staff was great. Had daily meetings with management. Had pandemic planning so we knew what was happening within [region], including rest homes etc with h1n1 [Swine Flu]… Really well done and communication was excellent. We went into overdrive when so many cases came in and blocked [public hospital]. Only way forward was to be in the loop to educate staff and public."*

Although the communication practices described were to do with crisis communication and not change communication, there appeared to be many instances of communication that engaged staff within an uncertain environment. Such practices may be transferred to change communication scenarios in order to gain communication engagement among organisational members.

Whether in crisis communication or change communication, participant accounts suggested the accountability to engage in communication was up to the individual. Individual staff members were responsible for attending meetings, reading emails, checking the intranet and overall ensuring they were up-to-date with communication. In this regard, communication was one-way, with managers perceiving communication as the transmission of messages to staff. This links to earlier findings where leaner methods of media were used to communicate, in a one-way manner with staff and engagement was "hit or miss" depending on the keenness of the audience to participate in communication. Participants suggested communication that lacked immediate appeal as relevant or important to an individual would probably be ignored. Furthermore, they reflected the opinion that communication engagement was up to the individual, and involvement was on a need to know basis determined by the individual receiving the communication message.

Example 1:

> *P: "[communication folder on ward] I read it weekly. I don't think everyone will read it weekly though. Some people would and if there are really important things in it people will discuss it. It's up to the individual; they just need to take responsibility to keep themselves up-to-date on things that come up."*

Example 2:

> *P: "I don't think we have a great deal to do with the other hospitals other than referring people if need be, but I think I find out the information I need to know primarily through the intranet…generally able to access a computer when I need to."*

Example 3:

> *P: "the Charge Nurse puts info on the board for staff to read…No time to check emails all the time, I mainly keep up with changes, things of interest and things I need to know."*

When investigating the engagement surrounding MT4C and FTR, it was found non-nursing participants perceived the initiatives to be a "nurse's thing" and did not recognise their impact on them, or the requirement for all DHB staff to be a part of the initiatives. This perception indicated the change communication surrounding MT4C and FTR was targeted at nurses and did not appeal to non-nursing staff, therefore contributing to this perception.

Example 1:

> *P: "[MT4C] it's a nursing thing."*

Example 2:

> *P: "**[What is MT4C?]** More time for nurses to care for patients."*

Example 3:

> *P: "**[What is MT4C?]** That's a nurse's thing and a social worker's thing. It doesn't really involve us."*

Example 4:

> *P: "The general feeling is that it's a good initiative and it's probably overdue. I think you have to be careful that it doesn't become solely focussed on nurse housekeeping issues – I know it's important but it's not relevant to the rest of the team."*

MT4C and FTR did not resonate within all occupational groups, and while many of these were non-nursing staff, nurses too were found to have some instances of non-engagement in relation to MT4C and FTR communication. Communication messages regarding the initiatives seemed to have failed in educating staff on its importance and relevance to them.

In order to determine the channels used to communicate the initiatives, participants were asked to describe where they had encountered MT4C or FTR communication. Interestingly, those that could define the purpose of the programme had encountered communication through richly mediated channels such as group meetings and education sessions. This suggested that rich communication not only provided the opportunity for collaborative sensemaking, but by setting the time aside to discuss the initiative, it may have signified the importance of the communication to the staff.

Example:

> ***I: "How did you hear about MT4C/FTR?"***
>
> *P: "Education sessions."*
>
> *P: "Ward and meetings."*

Interestingly, many PMH staff were unconsciously involved with FTR, and this was only brought to their attention when the researcher asked them to think about the recent activity on their ward. Other than the researcher providing a full explanation of MT4C and FTR, it appeared the mention of PIBJ was often enough to make a participant think back to their potential involvement in the ward-based change initiative. Often, more prompting was required, and when a description of PIBJ was provided many participants immediately recognised the initiative. The following example illustrates these occurrences, where the participant was not engaged with change communication, which indicated staff education surrounding the initiative had being poorly executed.

Example:

> *P: "[FTR] Not heard of it."*
>
> ***I: "Have you heard of PIBJ?"***
>
> *P: "Not heard of PIBJ but I've only been here six months* ***[Researcher explained principles of MT4C, FTR and PIBJ]****...Oh yeah I have – there's a picture of Jack Nicholson on a poster, that's what we have there. We're actually using some of what you said with nurses up in the physio gym."*

This suggestion was reflected by another participant who realised some change had occurred but was unsure of its impact on them. The participant made the point that in order for them to engage in change communication, the communication itself needed to clearly state the change and the impact of change in relation to their setting. Furthermore when change implementers

emphasised the importance of the change communication, the likelihood of engagement was increased.

Example:

> *P: Heard of MT4C and a bit about FT Rollout. [Provides their knowledge of MT4C and FTR]. That's about all I know about it…*
>
> ***I: [Explained what FTR is]. So have you noticed its presence within your ward?***
>
> *P: Not per se – I know that we have a ward champion and they are designated champions that are responsible for trying to implement PIBJ. They've changed the layout of the folders to make it more standard through PMH. So there have been subtle changes happening but nothing that's been like, 'we've changed it and it's making a difference'…I haven't really noticed anything significant but it probably is happening…I certainly think that if they do introduce these things and to get people to buy into them so that people actually take ownership of what's happening, I think it'd be quite good to have ward meetings to discuss it and this is what we're trying to implement…"*

When ward management indicated the importance and relevance of change communication, by designating time to collaboratively communicate, participants displayed engagement. Moments of collaboration occurred in group settings, and also through one-on-one sessions between management and staff. The opportunity created for immediate feedback and reflection between communicators facilitated collaborative construction of meaning and engagement. Participants described the process of collaboration with management during change as being appreciated and meaningful to them. They suggested facilitative management provided education on change and encouraged involvement with change communication.

Example:

> *P: "Yes we can [provide feedback] to our Charge Nurse which is very good and always listened upon if we talk to her on a one-to-one, she's always very good with that and she listens and it gets passed on. That's really good, we can either talk to her privately or together whatever the subject is. It's really good, but you need that right sort of person to be able to do that with, and we have that, so it's good."*

Furthermore, the grapevine appears to have facilitated discussion on MT4C and FTR, and its relevancy to ward staff. Participants suggested colleagues would engage and discuss the

initiatives and evaluate the relevance of the initiatives to them. Although this was an informal method of communication, staff placed some credibility on the grapevine and through it could recognise the existence of the initiative and its potential relevance to them.

Example 1:

> ***I: "How did you hear about MT4C/FTR?"***
>
> *P: "Talked about it with my colleagues."*

Example 2:

> *P: "From other nurses that work over at public and talk about it all the time. You hear all the terms but don't know how it works, and then you get people feed backing saying "oh they're trying to do this initiative and I don't know how it's going to work" so you hear the negative side of it too when people talk about it."*

Overall, professional importance was found to be the most prominent determinant of communication relevance among participants. Communication concerning changes in protocol, rosters, or for particular professional groups were among the subjects of communication considered most relevant to staff. Because of the importance placed on these subjects, participants suggested there was an increased likelihood they would engage with this communication. During the study it was found that when the subject of communication was relevant to the participant, there was often better recall of key messages and understanding of change communication. There was a sense that communication surrounding these subjects had been collaborative and staff had actively participated and engaged with communication.

6.4.2. Moments of Non-Engagement: Communication Relevancy and Importance

If the subject of communication had no direct impact on a participant's occupation or work routine, then the participant would judge the communication as irrelevant to them and disregard it. Participants appeared to quickly judge and evaluate communication encountered for personal relevancy. Importance was given to communication that involved information affecting their professional circumstances. In instances where the communication affected other professional groups and there was no perceived direct impact on the participant themselves, communication was deemed irrelevant and filtered out. With much of the

communication within the DHB utilising leaner media, this simplified the communication filtering process for participants, for example, deleting emails or discarding newsletters.

Example 1:

> *P: "Info is emailed a lot, but a lot of it isn't relevant and gets deleted."*

Example 2:

> ***I: "Do you read staff newsletters such as Healthbeat? How effective do you feel they are as a means to communicate with staff?"***
>
> *P: "I don't read them! So I don't know. The odd time I'll read an internal email but mostly I don't. Just too busy for it really. I suppose you want to know what relates to you exactly. If I don't see something that relates to me on the first page I just flick it."*

Example 3:

> *P: "…sometimes they go on about things that aren't relevant to you."*

This suggested relevance and importance were criteria that assume a compartmentalised and department-focused organisational culture. Within the time restricted environment and given the overwhelming demands of their work, prioritising communication in order of importance and relevance appeared to be the most time effective method for coping within the environment.

Example 1:

> *P: "…we're part of the team and we have different specialties and we do different things."*

Example 2:

> *P: "…We have multidisciplinary team meetings but I don't find them that useful to be honest…the ones we have with the doctors aren't of much use."*

The need to compartmentalise based on the profession or department of the participant was a necessity given the large volume of information and people staff encountered on a daily basis. Furthermore, when ward management was perceived as being non-facilitative or unwilling to promote open communication and collaborative sensemaking, there was less importance placed on change communication and this resulted in non-engagement with change communication. In these instances, staff actively decided not to engage with

communication due to the apparent lack of personal relevancy. As noted earlier, each ward had a different communication culture, and operated as a reflection of the Charge Nurse's management style and attitude towards internal communication. Participants were aware of their wards' management style and in situations where the Charge Nurse was less open to change or uninterested in gaining opinion on change from staff, the participants felt their contributions were of no value and would have little impact on ward life.

Example 1:

> *P: "I think a little meeting. Generally we can have a short one at 2:30pm or 2:40pm. Generally it gives everyone a chance to say how they really feel, and it would be best if the Charge Nurse wasn't there to be honest as people don't feel free to say an awful lot, but it's understandable and probably the same everywhere."*

Example 2:

> *P: "I think that the whole system of meetings and taking the staff seriously and allowing people to contribute and come forth is just not the way things work here. In this particular ward...our opinions are not really sought during meetings…"*

It seemed that some ward managers took their role in implementing internal communication for granted and were unaware of their impact in creating a sense of importance or unimportance among their staff in regards to change communication. While communication is essential in the workplace, many staff were reluctant to engage wholly in communication that did not immediately appeal to them as important. Although some managers were aware of this, they did not seem to know how to address the issues that emerged when communicating change to staff and suggested this may be due to a lack of training in change implementation and change communication.

Example:

> *P: It's a matter of change management and I feel that managers needed to step-up to help get people on board [with MT4C and FTR], especially as the Charge Nurses involved don't have change management or management backgrounds."*

Therefore, communication with immediate personal relevance to staff achieved engagement. Personal relevance was found to include communication regarding a participant's professional group, communication that affected their daily work routine, or communication in situations of unavoidable urgency and change. Management appeared to play a vital role in

setting the scene for communication and implying the importance of communication to staff. Where management were unable to signify the relevancy of change communication to staff, non-engagement was prevalent through participants actively deciding not to engage with communication, and with no further collaborative sensemaking taking place.

6.5. Comparison: Engagement Versus Non-Engagement Moments

Comparative analysis of the engagement and non-engagement moments with change communication indicated the presence of two emergent factors that affected whether or not an individual would engage with DHB internal change communication. These factors were media considerations and relevancy:

6.5.1. Media Considerations

a. Rich versus lean media:

   Communication that utilised rich media such as in-person meetings and telephone calls appeared to be more effective than lean media in engaging staff. Rich media appear to allow for instant feedback, clarification and collaboration, provided collaboration was facilitated by management. Lean media such as email were effective in engaging staff that were technology savvy and who made regular time to check their email accounts. Email and other lean media utilised by the DHB put the onus on the individual to make time to read communication and this had the potential to be easily avoided or filtered out by staff (that is, non-engagement).

   Avoidance of leanly mediated communication fed into the culture of time poverty with organisational member reluctance to make time to read lean communication messages and engage with communication. The lean media used within the DHB fostered the perception of communication as the one-way transfer of information, rather than the two-way collaborative construction of meaning. This resulted in participants being inhibited from engaging in communication. Phase Three of the research provided additional support to these findings. That is, while lean media such as email were thought to be efficient, they also had the potential to be ineffective when staff were unfamiliar with the medium and chose not to engage with such communication.

With specific reference to MT4C, rich media were utilised within the pilot wards, for example, in-person education sessions with staff. These appear to have been effective in communicating key messages of the initiative to staff. In contrast, FTR utilised leaner methods of communication, such as email, and this resulted in unawareness of communication and/or non-engagement with change communication. Many staff were unaware of FTR's existence on their ward, with few being able to confirm how they had encountered communication regarding the initiative. Often prompting was required from the researcher in order to trigger their memory regarding FTR. This suggested the FTR communication campaign was too subtle in its approach with staff, and the lack of in-person communication failed to target ambiguity surrounding the initiative and gain communication engagement.

b. Mixed media approach:

Engagement with change communication occurred when the communication was memorable. Participant accounts suggested this could be achieved through a mixed media approach, for example following-up rich methods of communication, such as a meeting, with leaner methods such as meeting notes. Additionally, the use of visual communication to reiterate key messages appears to have engaged participants. For example, the utilisation of a travelling ward communications board that provided pandemic updates to reiterate communication sent via email and discussed during staff meetings. Also, the use of catchy phrases such as *"Put it back Jack"* seemed to have engaged staff and prompted them to think about what the phrase was communicating to them.

Participant accounts indicated a combination of rich and lean media in a change communications campaign enhanced the likelihood of engagement. For example, a change in protocol was communicated to staff through initial rich, in-person communication, followed by notes and coloured visuals of the communication. The reiteration and reinforcement of messages through a mixed media approach made communication memorable for staff and resulted in engagement.

6.5.2. Relevancy

Communication considered relevant to an individual was perceived as important and therefore staff presented engagement with such communication. Relevant and important communication was described as being patient focused communication or targeted to a specific professional group. Phase Three of the research supported findings from Phase One and Two, and suggested staff prefer communication to be targeted to the relevant audience rather than being broadcast to all organisational members through blanket communication practices. Management were found to utilise lean media such as email and newsletters in blanket communication, and many staff perceived this as irrelevant and ineffective. With specific reference to MT4C, communication appeared to have been widely dispersed but only pockets of staff have engaged with this communication based on its perceived professional relevance to them. Commonly, there was the perception that MT4C was a nurses' initiative and it appeared the key messages of MT4C and FTR had failed to resonate among groups of staff within the DHB.

6.6. Process of Engagement with Change Communication

When an organisational member encountered a communication object, they put that object through their individual justification phase. The justification phase describes the assessment an organisational member makes regarding a communications object. The primary factors affecting the justification phase appear to be relevancy of the communication to the individual, and the engagement potential of the media used for communication. As indicated in the model (see Figure 6.6.1), the organisational member must make a yes or no decision as to whether the communication is considered of personal interest. If the answer is yes, the organisational member would engage with the communication. Furthermore, environmental factors impact engagement by creating constraints or barriers to an individual's ability to collaborate with the change communication and make sense of it. If the communication object was thought to be of no personal relevance, then non-engagement would occur, whereby the individual would actively decide not to engage with the communication object and have no further involvement with it. In such an instance, the communication object is filtered out.

For example, the following participant described their process of engagement that resulted in engagement with communication regarding a change protocol. The communication object was highly relevant to their role within the DHB and the utilisation of mixed media created personal appeal to the individual and resulted in engagement.

Example:

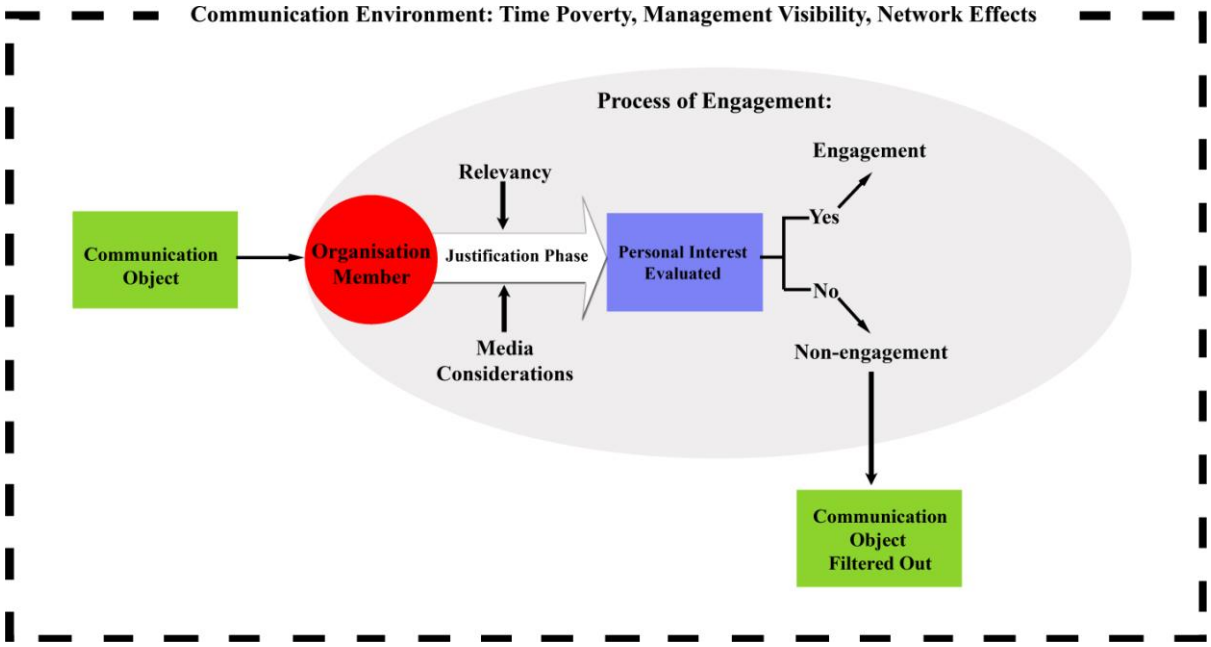
> *P: "When they changed the protocol for early warning signs and brought that in – that was quite well done. They actually had what it was, a list of it and the gerontology specialist went around the ward on an afternoon shift and went though it with you. She gave a page of notes just saying about it, or a couple of pages, some of it was colour as well and it just showed how it worked. There's another programme that had changed as well so she came around and went over that sheet as well."*

An example of the engagement process resulting in non-engagement was described by the following participant who suggested communication that did not fulfil at least one of the factors for engagement failed to create engagement with them. In this instance, the medium utilised for communication was unfamiliar to the participant, and as a consequence non-engagement occurred. However they noted that if the communication was important and relevant to them, for example, having their timesheets online, as a consequence they would have to log on to their email account and engage in communication.

Example:

> *P: "I have a log in thing to get in to the intranet – never gotten round to doing it to check emails… Come a time I'm going to have to apparently as all our timesheets are going to go online. I'm quite happy with the way it works. I must have an email out there and it must be jam packed with all these things."*

Figure 6.6.1: Model of Engagement with Change Communication



These findings suggest that when DHB staff were faced with a communication object, organisational members underwent a process of engagement, which was embedded within the communication environment. Participant accounts illustrated the DHB communication environment to include a time impoverished culture, poor management visibility and network effects. In addition to these, there were two primary factors for consideration within the process of engagement, that is, media considerations and the personal relevancy of communication that impacted the likelihood of organisational member engagement with communication. If one or both of these factors had precedence, the level of engagement was found to be affected. These findings will be discussed in depth with reference to literature in the following discussion chapter.

CHAPTER SEVEN – Discussion & Conclusions

7.1. Introduction

This study effectively constituted an event-specific audit of communication and the sense people made in relation to this communication event. It examined how internal communication was processed across the organisation in order to conceptualise how it was experienced and engaged with by staff, and found several factors impacted engagement with change communication. Three of these factors were prevalent within the DHB communication environment. These were: (1) Time poverty (2) Management visibility (3) Network effects. While the remaining two factors were determinants of employees' engagement with change communication 1) Richness of communication 2) Relevancy and importance of communication. These factors will be discussed in depth and in relation to literature within this chapter and a model for communication engagement within the DHB will be proposed. An empirically based set of recommendations that suggest ways the DHB might enhance staff engagement with internal communication will be put forth to conclude this research.

7.2. Communication Environment

7.2.1. Time Poverty: Role Demands

Miller (2003) states that synchronized teamwork, supported by a healthy communication environment, is a primary means by which organisational decisions are made, strategy is developed, and performance is measured. The present study found a culture of time poverty existed within the DHB communication environment, which impacted on the communication engagement of employees. Participants within the study described the demands of their role and suggested their work routines were intense, busy and time pressured, with their priority being patient care. Because of this, making the time to communicate was often put aside due to the lack of perceived time available to engage and be involved in two-way communication regarding change. This mirrors research that suggests within complex organisations, such as those observed in the health care industry, there is a strong focus on providing excellent health care, and the environment is heavily time pressured, therefore fostering a culture of communication and knowledge sharing can be difficult (Nawakda, Fathi, Ribiere, & Mirghani, 2008).

There was the perception that email and computer use were frowned upon during work hours. There was a suggestion that taking time out to check emails meant a staff member was taking time away from their patients, and this was negatively perceived by staff, given their primary role as health care providers. This was surprising considering a large component of DHB internal communication utilised the intranet and email system, including communication surrounding MT4C and FTR. While office bound staff had ample access to computers, ward-related staff were limited by the number of computers available on the ward. This further limited their ability to regularly check email communication and correspond through this medium, as the availability of a computer had to coincide with the availability of the individual. It was suggested roster effects could also complicate the ability of staff to communicate, as some rosters, such as those that cover night shifts, tend to be quieter and allow staff to "catch-up" on communication and take some time away from patient care. However, staff seemed to accept that there was no time to communicate change initiatives, and this is unchallenged due to staff accepting the status quo. A participant suggested people have convinced themselves they do not have time to communicate and therefore do not look for opportunities to make time and always prioritise patient care ahead of engaging in communication.

Given these findings, it would be beneficial for the DHB to facilitate an environment where role demands do not always outweigh the importance of communicating. Staff need to be encouraged to find time within their day to communicate and provide feedback on change initiatives that are to be integrated into the DHB culture. For example, as email communication continues to grow, computers need to be made accessible for staff and they need to be encouraged to check their emails more regularly, through educating them on the benefits of the email and intranet system.

7.2.2. Time Poverty: Perceptions of *"Time is Money"*

In addition to role demands, there was the sense throughout participant accounts that time was perceived in a similar fashion to money, with language normally used in reference to money being used in reference to time. A participant made the direct connection by stating DHB employees perceive that "time equals money" and this is thought to contribute to the culture of time poverty. The DHB, being a government funded organisation, has embedded

within it protocols on the appropriate spending of funds and this may contribute to the perception that wasted time means a wasted resource, which equates to money. Time was considered a valuable resource by staff; however spending time engaging in change initiatives did not always appear to be considered a worthwhile investment by staff and management. Similar to other organisations, too little time is invested by senior management on change communication in ways that engage and spark interest from employees (Grates, 2009). It would be in the DHB's best interest to invest further time educating ward management staff regarding change and showing them how to craft change communication that engages the staff within their wards. This could enhance the likelihood of collaborative communication.

By investing time in collaborative communication and education surrounding change communication, this may signify its importance to staff and potentially change the negative perceptions surrounding spending time on communication. It is important staff see that being involved in change processes may benefit them and their patients in the long run, through an initial time investment on communicating collaboratively with management regarding change. Literature implies the importance of investing time in the development of communication strategy within the change management process, as it prepares individuals for change and embeds behavioural change more quickly and effectively through precise, timely and targeted communication strategy (Gill, 2009).

Prior research on communication effectiveness and engagement has spent little time investigating the effect of time constraints on communication within large and complex organisations. The unique environment of the DHB provides challenges to gaining engagement with communication, and literature does not offer much theory on engaging employees within a time-poor environment. Furthermore, this research proposes the notion that "time is money" and this is yet to be addressed in sensemaking and change communication literature.

7.2.3. Management Visibility: Low Profile of Upper Management and the High Profile of Ward Associated Management

Management play a vital role in producing effective communication and creating engagement, and communicating change to employees (Trahant, 2008). Interpersonal

communication and enhanced management visibility have been described as essential within ambiguous organisational environments, in addition to frequent and thorough education on change (Davis, 2010). When participants described their perceptions of management, it was found the term "management" was associated with ward-level managers and occasionally to senior managers with direct links to the ward, such as the Director of Nursing. Participants rarely associated the term directly to non ward-related senior management from the corporate offices. When asked to name members of the senior management team including the CEO, it was surprising to find many participants could not name them and had poor knowledge of the roles they held within the DHB.

Leader-member Exchange Theory was introduced within the literature review of this thesis and may aid in the explanation of findings. This is particularly in terms of low LMX, whereby staff do not relate to those leaders that are out of the ward setting, and therefore class senior management as in their out-group (Dansereau, Graen, & Haga, 1975; Seibert, Sparrowe, & Liden, 2003). If this was the case, it suggests a strong disconnect between frontline staff and those in senior management and within the corporate offices of the DHB. Such a disconnection would create issues for change communication driven by non-ward management.

MT4C and FTR were presented to staff in the DHB through the BDU, with two of the BDU's staff being responsible for the primary implementation of both the initiatives. A number of ward staff were found to be unaware of the BDU's existence despite DHB newsletters describing their role within the change initiatives. This suggests future change initiative implementation driven from the BDU would be difficult due to their poor visibility among ward staff. The data suggest the visibility of non-ward senior management and those within the corporate offices responsible for change could be improved in order to engage staff with change communication. This might be achieved through increased interpersonal interaction, as many participants indicated a preference for in-person communication in regards to change.

While non-ward managers had low visibility within the DHB, it appears line managers (that is, ward-level management such as Charge Nurses) had a very high profile among frontline staff. Line managers provided credibility to communication due to their visibility on ward and the perception they are trustworthy sources at the heart of the ward with their fingers on

the pulse (so to speak). This is an instance of a high LMX. Both staff and their line managers recognise each other as being in their in-groups and the relationship is built on trust (Dansereau, Graen, & Haga, 1975; Seibert, Sparrowe, & Liden, 2003). Ward-level management seem to successfully convey their understanding of the pressures faced within a ward and their employees appreciate this and place trust in these managers to act in ways that benefit the ward.

The Social Exchange Theory suggests individuals voluntarily exchange resources, believing that each will benefit if reciprocity has occurred in an exchange. If the transaction is mutually rewarding then a long-term equitable exchange relationship can occur. The benefits must outweigh the perceived costs in order for a relationship to be maintained. Joint activities or shared tasks between partners generate emotions that influence the strength of collective ties as well as the likelihood of future interaction (Emerson, 1976). This theory is reflected in the findings of the present study, where a more equitable relationship exists between ward managers and ward staff in comparison to senior management and ward staff. Participants indicated they felt their relationship with ward managers was of more value and beneficial to them, whereas they had little to do with non-ward senior management and felt a close relationship with them would not benefit them. This suggests frontline staff identify ward-level management as being part of their "in-group" within the ward network (Ashforth & Mael, 1989; Dutton, Dukerich, Harquail, & J, 1994; Tajfel & Turner, 1986; Turker, 2009). Although ward-level management were not always discussed fondly in participants' accounts, their day-to-day interaction with line managers and the close working quarters created a mutual reliance and harmonious working relationships where activities are shared and a sense of collectivism exists. This perhaps provides an explanation of why ward-level managers are part of the "in-group".

Because of their influential leadership roles in a ward setting, line managers also had the potential to filter communication and become gatekeepers of communication. Some Charge Nurses were found to be unreceptive to collaborative communication and preferred communication to be just a transfer of information that they felt was relevant. Some participants suggested these Charge Nurses were not open to staff sharing opinions on initiatives, particularly in a group setting.

Literature suggests line managers play a crucial role in effective internal communication and creating engagement, and that line managers can impact negatively on achieving communication engagement if they are unskilled in communicating or act as gatekeepers of information and choose not to communicate with staff (Boardman, 2009). Those responsible for implementing change must be alert to this when implementing change communication within a ward, and realise engagement with communication is highly dependent on the receptiveness of the ward-level manager to change and open communication.

7.2.4. Management Visibility: *"Us Versus Them"*

Participants often described instances of an "us versus them" mentality in relation to ward staff versus management. While this mentality primarily concerned staff views of upper management, it was also felt towards some areas of line management. The discourse within participant accounts when describing instances of this mentality displayed opposition toward management. Such oppositional discourse is described by Mills (2005, p. 25) as being founded on an "identification with group based upon differences with other groups rather than because of intra-group similarities". The use of language within participant accounts affirmed the oppositional view participants held toward management. Participants made comments such as:

"*They don't make themselves noticed."*

"There's always the thought that management make these decisions and try and implement them but don't actually realise how a ward runs from day-to-day."

"... lots of them I wouldn't know to tell you the truth."

Such data illustrate how sensemaking operates at the level of discourse. If attention is paid to this discursive dimension of sensemaking, this has the potential to move researchers toward a process-level theory of communication and organisational change (Gephart, 1993; Mills, 2000; Kuhn & Nelson, 2002; Helms-Mills, 2003; Bean & Einsberg, 2006).

Participants within the study described non-ward senior management as being in their out-group**.** They suggested senior management do not make an effort to be visible and ward staff do not have a great need to go searching for them. There were oppositional perceptions towards senior management that appeared to be related to their poor ward-level visibility when trying to implement ward-related initiatives. There was a suggestion in the data that these managers are disconnected from the ward and therefore ward staff do not understand why they have to go along with such initiatives so they decide to oppose them. This opposition could be overcome if management became more visible to frontline staff and involved them in change processes (Davis, 2010). If ward-staff were educated about their roles as change implementers and sensegivers in the ward setting, a better level of commonality, which is the necessary foundation for an effective exchange relationship, could be achieved. Interestingly, MT4C and FTR are ward-based initiatives with their roots in the nursing industry. It seems this fact was not effectively made known to many ward staff and perhaps this knowledge would have helped staff have a greater appreciation for the programmes and engage in the change communication surrounding the initiatives.

7.2.5. Network Effects: Geographical Networks

Communication takes place through the exchanges that occur formally and informally in the varying networks that organisation members form (Monge & Eisenberg, 1987). These networks are collective groupings that strive to represent a group's beliefs and in so doing aid members in creating their workplace identity and their sense of organisational reality (Weick, 1995). As already noted, networks occurred on three main levels within the DHB, with geographical location forming the first network grouping, followed by ward networks and finally professional networks.

The DHB has a number of locations throughout the district and participants suggested they associated strongly with their immediate geographic location. This meant communication concerning a relevant location was considered important to staff as they identified with it and therefore engaged with the communication. This is supported by the Social Identity Theory (Tajfel & Turner, 1986) that suggests an individual's attitudes and beliefs are influenced by their membership of social groups. An individual's view of their identity may shift according to the shift in group membership and the social setting that prevails at any one moment and this membership shapes what an individual should think and feel, and how they should

behave (Hogg, Terry, & White, 1995). Therefore, a staff member's perception of self and the location they choose to work within the DHB will contribute to the engagement they display in relation to change communication that they identify as being relevant to the geographic site they associate and identify with.

Within the DHB context, the two hospitals that participated in the present study had variability between them. The main hospital (i.e., the one referred to as Public) was considered the "hub" of the DHB as it contained the medical school and research centres. Furthermore, it is in a central location within the main urban centre served by the DHB and is potentially the most recognisable DHB site in the public view. This contrasts with the way the medical-geriatric hospital located in one of suburbs of the city was perceived among staff. Although the corporate DHB offices were recently relocated to the medical-geriatric facility, staff still reported perceiving it as a "backwater" to the public hospital. Participants suggested that it was a slower paced hospital and because of this, a lot of the innovation occurring at the public hospital is not communicated within the medical-geriatric hospital. Furthermore, other more isolated sites around the main urban area also fall outside the main communication loop and this, according to participants, seems to have resulted in innovation and initiatives within these locations not being communicated effectively across all relevant DHB locations. The effect of geographic distance can cause detrimental communication gaps, and it is important these be addressed to ensure knowledge transfer, equality and mutual understanding on work processes across geographical sites (Fussel & Krauss, 1992; Hinds & Bailey, 2003).

7.2.6. Network Effects: Ward Networks

A further network was created through ward association. Many of the participants were from fixed ward settings and, similar to the association with geographic networks, staff identified themselves with the ward and generally engaged in communication relevant to their ward only. It was interesting to note that the wards investigated differed greatly from one another, with each displaying a distinct culture that was reflective of the ward-level management style. As discussed, some Charge Nurses were receptive to change and to collaborative, open communication in the ward setting. It was these Charge Nurses who were most receptive to the research being conducted within their ward. Staff within these wards reflected this receptiveness by illustrating in their accounts the ways in which they were able to openly

communicate within the ward. The conditions were favourable for collaborative communication and staff were able to identify with this setting and associate with it, again something predicted by SIT (Tajfel & Turner, 1986).

In contrast, when Charge Nurses were less receptive to the research, it was found that staff reflected this in their accounts where they described Charge Nurses as not facilitating open and collaborative communication (Boardman, 2009). This illustrated how each ward had a distinct culture affecting the communications environment and the identification and level of association individuals placed on the ward. Additionally, further complexity was added to the ward setting as a consequence of "floating" staff that were not fixed to a particular ward. These staff operate on a rotational basis within various wards of a hospital, and in some cases within other locations of the DHB. These staff do not seem to associate themselves with a ward network however they do associate with the "floating" group they are a part of. For example, one participant described themselves as a "pool nurse" and suggested that by not being fixed to a ward, they are able to pick up various communications from many wards and filter for what is important, and on occasions communicate information they feel is important or interesting to staff on the other wards they visit. This suggests floating networks within the DHB can act as communication agents, bridging some of the communication gaps that occur between geographic networks and ward networks.

7.2.7. Network Effects: Professional Networks

A third network division was visible within wards based on the professional group staff belonged to. Staff strongly associated themselves with their professional group, (e.g., nurses or physiotherapists). Participants suggested that most communication they engaged with was related to these professional groups. Literature indicates employees identify themselves with the organisations they are a part of and this affects their self-description (Turker, 2009). In large and complex organisations, social identity may be derived from a person's identification with specific work groups, the prestige or status of departmental affiliations, union membership, and other social classifications that exist within such organisations (Ashforth & Mael, 1989).

Overall, the data on the impact of network affiliations suggest that it is important that change communication managers be aware of the three primary networks that exist within the DHB and target communication to appeal to and engage the appropriate network audience.

7.3. Communication Engagement

For the purposes of this study, engagement was defined as the level at which an employee attended and participated in change-related communication and indicated they had made sense of the communication encountered through a collaborative, sensemaking process. While this study intended to investigate the sensemaking processes surrounding MT4C and FTR and identify the success of the respective communication campaigns, it became evident upon interviewing staff that a hurdle existed prior to staff engaging in MT4C or FTR communication. This hurdle occurred during the judgement phase when staff encountered change communication. The evaluation during this phase determined engagement or non-engagement with change communication. It was found that two primary factors affected whether a participant would decide to engage with the change communication: (1) richness of communication and (2) relevancy and importance of communication.

7.3.1. Richness of Communication

The richness of the media utilised by those communicating about the changes affected engagement with the change communication. In accordance with the Media Richness Theory, face-to-face communication proved to be effective in engaging staff (Sheer & Chen, 2004), and media familiar to staff were also found to be effective. Face-to-face communication experienced during meetings was mostly effective in engaging staff if led well by management. This in-person communication was direct and facilitated the sharing of feedback and discussion about the change initiatives because it tended to occur in an open and collaborative forum. Such an approach was utilised within wards where MT4C was piloted to convey the key messages of the change to ward staff. Those within these pilot wards described this in-person communication in regards to MT4C as highly effective reflected in literature. The staff training days about MT4C that involved the physical presence of change implementers were reported to be effective in creating collaboration among staff and a higher level of understanding around the project.

Such communication mirrored the pre-organised face-to-face communication that was a compulsory part of ward life (e.g., shift change meetings and regular ward meetings). Because the option of attending these meetings was taken away from staff except when patient care was urgent these training meetings were not treated in the same way as communication that was discretionary. However, this did not mean that engagement witht he MT4C change initiative necessarily occurred. This will be discussed shortly in regards to importance and relevancy of communication. Additionally, participants suggested direct communication experienced during meetings or through a phone call were familiar to and could be trusted, particularly during change and crisis situations such as those experienced during the Swine Flu pandemic where ambiguity was high so they were likely to be attended to. Frequent and timely communication was experienced during the pandemic, and often this was rich and directly from line management. This supports the RMT proposed by Daft, Lengel, & Trevino (1987), which proposes that organisational members prefer rich media for communicating in times of ambiguity, such as those experienced during crisis or organisational change.

In contrast, lean communication such as email was found to generally be a poor medium for creating engagement among staff for several reasons. Firstly, email fed into the culture of time poverty and avoidance, where staff were easily able to delete an email after only reading the subject line or seeing who sent it. In other words, they were able to judge the communication as irrelevant based on very little information. Secondly, computer access was described as limited within a ward-setting and it was difficult for staff to have a regular pattern of checking emails when this also had to coincide with the availability of a computer. Thirdly, computer use was perceived negatively among staff within the ward where patient care is the number one priority. Lastly, it seems generational effects also impact on the use of email. Mostly older staff suggested they were reluctant to use computers and emails and some reported having never logged onto their accounts. Furthermore, some had never received training on the email and intranet system that was supposedly implemented when the system first came out and this further inhibited their email use and perception of the email system as unnecessary and, in some instances, a barrier. Email as a lean medium is also perhaps not the best method of communicating change due to the lack of ability for instant clarification and feedback. This would also be predicted by RMT (Daft & Lengel, 1984; Daft, Lengel, & Trevino, 1987)

Interestingly, despite the limited ability of email to convey key messages during change, the DHB's management staff often utilised this method to communicate with staff. This was reportedly the case during the MT4C and FTR communications campaigns. Very few staff had utilised email or the intranet for communication regarding these initiatives and this supports the RMT, which proposes that lean media are not appropriate for the level of ambiguity a new change initiative brings. Lean media are more suited to unequivocal communication (Daft, Lengel, & Trevino, 1987). As change communication adopted more lean methods, communication became one-way and transmission focused, where management and staff both began to see communication as the dissemination of information rather than a two-way and collaborative process. This resulted in moments of non-engagement, as staff were the recipients of information which they could not understand and were unsure where it was from and its probable impact on them. This reflects literature that suggests more and better one-way communication does not solve the problem of creating engagement among staff (Huebner, Vary, & Wood, 2008).

A finding of particular interest to this study was the effectiveness of mixed media approaches in creating engagement with change campaigns. Campaigns that utilised the impact and interactive nature of rich, face-to-face communication to convey key messages, followed by leaner media which were used to reinforce key messages, for example, visual posters or memorable catch phrases such as *"Put it back Jack"*, were highly effective in communicating change and engaging staff. This finding supports Trahant (2008), who recommends organisations use a variety of communication channels and media to communicate with staff for transformation within the organisation. To highlight the effectiveness of this approach, participants described a mixed media approach to changes in ward protocol, where a key staff member walked staff through the change in person and provided reference material in colour, for impact and future reference to reinforce key messages. The initial rich and direct communication utilised to teach staff and further their knowledge is highlighted in the literature as a suitable approach, whereby rich communication is often used to transfer know-how or tacit information within organisations (Murray & Peyrefitte, 2007). The data in this study suggest that mixed media approaches to change communication were valuable in engaging staff as they utilised the strengths of various media at the appropriate stages of a change communication campaign, and had the ability to appeal to a wide audience that had various preferences for communication.

7.3.2. Relevancy and Importance

As discussed, several networks exist within the DHB communication environment and these networks are comprised of individuals who identify with the various groups within their organisations through the principles of SIT (Tajfel, 1981; Tajfel & Turner, 1986). It was found that participants engaged with communication they perceived to be personally relevant and important to them. Relevancy and importance was primarily judged by an individual on the communication message's association to one or more of the networks that describes the individual's identity. Often, work-related communication that directly impacted an individual's daily work was considered of high importance, and staff would engage collaboratively with this communication. When staff were required to encounter communication that was directed at another professional group, staff would experience non-engagement, and in some cases frustration that they had to waste time experiencing communication that was irrelevant to them. This supports prior findings where communication activities in a work group could prove meaningless and useless if workers do not want more information. This may lower performance by interfering with work time and communication activities could fall on deaf ears (Goris, Pettit, & Vaught, 2002).

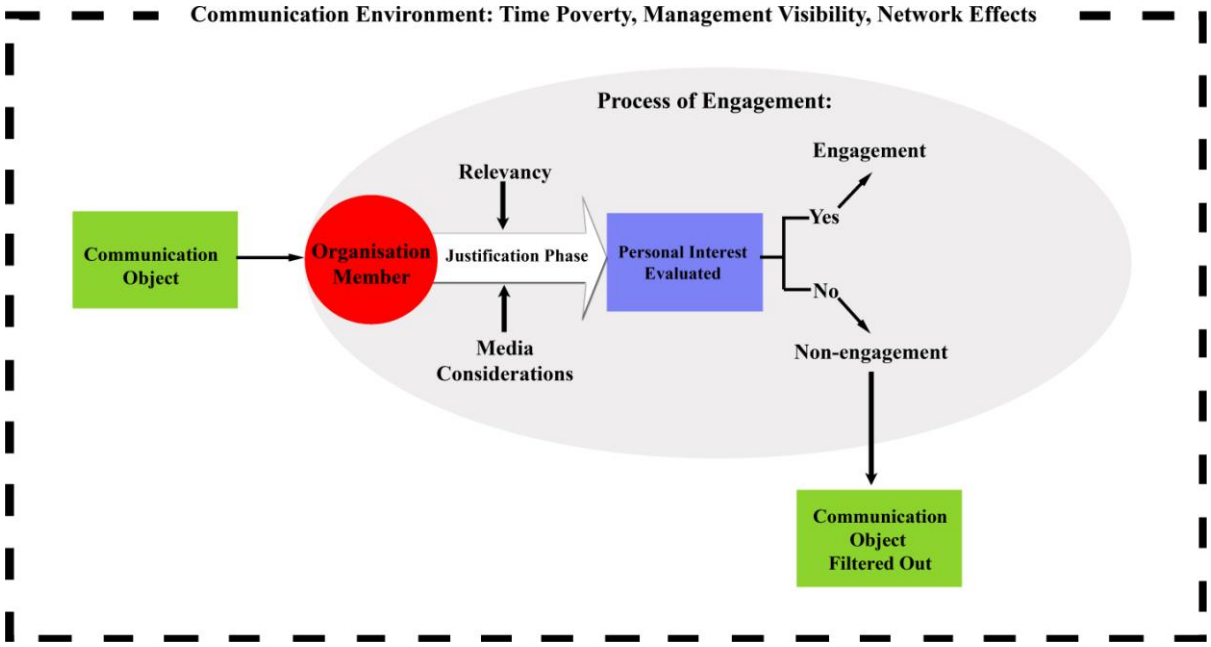
According to those who participated in this study, blanket communication was common within the DHB where communication relevant only to certain groups of staff were transmitted across the entire DHB. It seems staff have adopted filtration mechanisms in order to eliminate some of the communication overload they face within their communications environment. The findings support Millers (2003) notion that organisational members filter communication for preferred information when there are moderate levels of overload, and filter using a standard scanning technique that is, scanning for errors or opportunities to avoid opportunity loss, when there is excessive overload. Therefore, knowing when and who to communicate with becomes a strategic managerial decision that DHB management must evaluate prior to communicating with staff (Williams, 2009). They must decide who their target audience is and decide on the most appropriate media and communication channel to utilise and ensure communication is targeted and specific for their audience.

7.4. Research Implications

The findings of this research have been synthesised into a model (Figure 7.4.1) which accounts for participants' engagement with change communication within the DHB. The model describes the process of engagement with change communication that staff reported and locates this within the complex communication environment they work in. The constraints within the communication environment that were identified as having the potential to inhibit the effectiveness of communication engagement are shown around the edge of the model. For example, if time poverty is perceived to be high when managers are endeavouring to communicate a change initiative, then engagement is unlikely to occur if the organisational member does not prioritise this communication as important. Instead they are likely to refuse to make time to engage in communication. Similarly, if the communication is undertaken by a member of management with poor visibility among frontline staff, this may discourage engagement. Also, if the communication is judged to have low relevancy to an organisational member's network, then the communication may be filtered out.

The model describes a justification phase where judgements about the media being used and the relevancy of the communication to the work being undertaken are made. The judgements made in this phase determine whether the organisational member will engage with the change communication. For engagement to occur the media utilised must be judged to be appropriate to the level of ambiguity and the message personally relevant and important to the organisation member. If only one of these occur, that is, if the media utilised are appropriate but the message is not perceived as being relevant to the organisational member, the potential for non-engagement is increased. Similarly, if the communication is relevant to the organisational member, but the media utilised fail to effectively convey relevant messages, then again, non-engagement potential is enhanced. If the media is judged as inappropriate and the message is considered irrelevant then non-engagement occurs due to a lack of personal interest, and the communication object is filtered out.

Figure 7.4.1: Model of Engagement with Change Communication



This model emphasises the importance of media considerations and creating personal relevancy when communicating change, while at the same time pinpointing factors within the communications environment that also affect how change communication is experienced. In doing so it provides an integrated model for considering how to create engagement with change communication. Although the DHB communication environment undoubtedly unique it is likely that the model has relevance to communication managers in other types of organisation that also have time pressured and complex environments.

7.5. Conclusion

This thesis reported on the sense frontline healthcare staff within a NZ DHB made of the change communication related to the introduction of MT4C and associated initiatives and how this sense was related to their level of engagement with these change initiatives. It presents a rich picture of participants' sensemaking behaviour and in doing so, provides a model of sensemaking about change communication that could assist communication managers refine their internal communication management practices during change. This research offers several unique insights into internal communication effectiveness and the engagement of organisational members within a complex communications environment. It

was found that a culture of time poverty dominates the communication environment within the DHB concerned. It also revealed that the nature of this large organisation means that senior management visibility is greatly reduced among line staff and that this shapes the way sense is made of change communication relating to initiatives they set in motion. It shows that when change communication is effectively presented by managers with a relationship to frontline staff (e.g., charge nurses) then there is likely to be greater engagement than if more remote and less visible managers are involved. Furthermore, the existence of geographic, ward and professional networks provide additional challenges for communicating change, as these contribute to the perceived relevancy of communication and this in turn shapes the level of engagement with the change communication. The existence of ward gatekeepers provides a further challenge to effective change communication as these people influence the receptiveness of other staff.

The research revealed that media considerations and judgements about the relevancy of communication were the primary elements of the justification phase, which determined if frontline staff chose to engage with change communication and thus change processes. This suggests these are key factors change managers must attend to alongside considerations of the visibility of those communicating a change and the networks which provide the social environment in which staff make sense of change when seeking to foster staff engagement. These dimensions are all captured in the model that emerged from this study which hopefully provides a useful framework study for those designing change communication campaigns at the DHB and potentially other similar organisations. However, more research would be needed to establish if wider applicability was justified.

7.6. Limitations of Research and Future Studies

The present study focused on one DHB within NZ that had implemented MT4C. It is a case study of participants' sensemaking with the two sites within the DHB that were selected for investigation. Even though the findings from such a case study do not provide an adequate empirical basis for generalisation, the researcher feels that the communication environment that existed within the DHB will have many similarities to those that exist in other New Zealand DHBs because they share many of the same pressures and resource constraints. The insights gained from this study could therefore be useful to other DHBs, particularly those

that had adopted MT4C or plan to do so. For those that have adopted MT4C, it would be interesting to compare the design and effectiveness of the various communications campaign utilised.

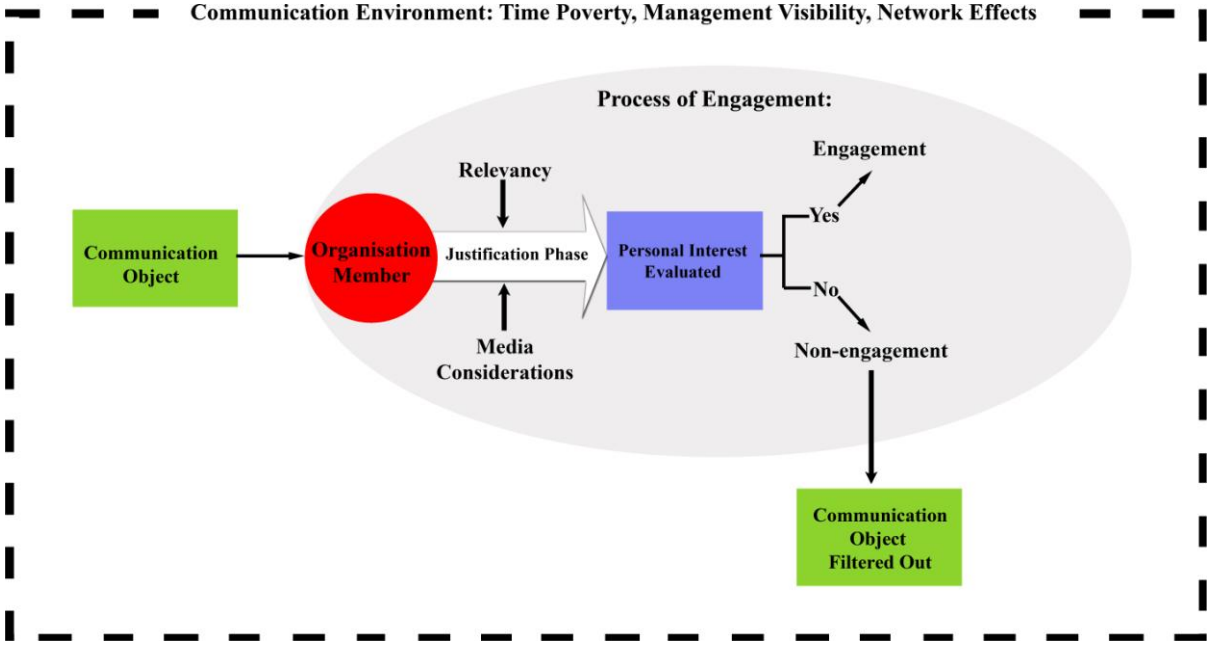
Not only is generalisability limited by the case study approach, the study was conducted using a smaller sample of DHB staff than was intended. This means the findings of this research must be interpreted as indicative of possible trends or tendencies, rather as a definitive representation of the sensemaking processes that occur throughout the DHB. Despite these limitations, the integrated conceptual model was produced which hopefully provide a useful framework for guiding communication management decisions associated with future change initiatives.

CHAPTER EIGHT – Recommendations

8.1. Recommendations to DHB

The following recommendations have been produced using the findings from this research, for the use of the DHB and other similar organisations. They are intended to aid in the future development of internal communication campaigns for change initiatives brought in at ward-level, and are closely based on the model of engagement with change communication, proposed for the participating DHB.

Figure 8.1.1: Model of Engagement with Change Communication



1. Evaluate the networks that exist within the organisation and identify the appropriate level and network to introduce communication. This is because three distinct networks have been identified throughout the study, and these networks determine personal and group relevancy of communication encountered, and in turn determine engagement with communication.
2. Ensure communication objects are targeted for the specific group that management aim to engage. The study revealed blanket communication failed to create high engagement among staff as the lean media often associated with blanket communication allowed staff to easily filter such communication out due to perceived irrelevancy.
3. Incorporate an education programme and facilitate knowledge transfer on the change initiative within the communication campaign. It seems that communication campaigns within the DHB are often one-way and lack enough opportunity for collaboration. This

causes decreased opportunity to clarify meaning and make sense of change initiative communication and subsequently, lowered engagement.

4. Re-evaluate the effectiveness of the email and intranet system and adopt education programmes for those staff that are not on board with this form of communication. Participants revealed throughout the study that utilisation of email and the DHB intranet was dependent on individual computer availability, computer access and familiarity with the electronic medium. The existence of groups of staff that were not on board with the email and intranet system suggest vital communication is not reaching all groups of staff through this medium. Perhaps further training and education in this area is needed.
5. Aim to reduce the negative perceptions associated with email and intranet use. Participant accounts suggested email use during work hours was frowned upon, and perhaps line management have a role to play in changing this perception if email is to continue as a method of communication.
6. Utilise line managers as change implementers or change educators within wards, by educating these managers on change initiatives. Line managers such as Charge Nurses were identified as key figures within the ward setting, with the power and influence to create change behaviour among staff. Communication managers may utilise this within change communication campaigns and target line managers as ward-based change implementers.
7. Ensure media used within change communication campaigns are appropriate to the level of ambiguity of the message, and are familiar to the organisational members within the target group. Media considerations were found to be an important aspect when creating engagement among staff, with DHB members tending to engage in communication presented to them in familiar and recognisable methods.
8. Utilise a mixed media approach to convey key messages, so staff may engage with the appropriate media that appeal to them. A mixed media approach to change communication was found to enhance engagement through the initial use of rich media for knowledge transfer, followed by the use of lean media for message reinforcement.
9. A time impoverished culture was evident within the DHB communications environment. Time poverty impacted on the amount of time available to staff to engage with communication. While enforcing mandatory meetings regarding change facilitated a collaborative forum, perhaps communication managers must take a step back and examine ways in which to change the DHB culture from being time impoverished.

Reinforcing the idea of “making time to communicate” will be important to achieving an attitude change towards engaging with change communication.

CHAPTER NINE – References

Adikens, C., Werbel, J., & Farh, J. (2001). A field study of job insecurity during a financial crisis. *Group and Organisation Management , 25* (4), 463-483.

Allen, H. B. (2008). Getting on board: A model for integrating and engaging new employees. *Partnershio for Public Service*.

Ashforth, B., & Mael, F. (1989). Social identity theory and the organisation. *The Academy of Management Review , 14* (1), 20-39.

Ayim, M. (1994). Knowledge through the grapevine. In R.F. Goodman & A. Ben-Ze'ev (Eds.), *Good gossip* (pp.85-99). Lawrence: University Press of Kansas.

Baron, R., & Greenberg, J. (1990). *Behaviour in organisations.* Boston, MA: Allyn and Bacon.

Bartunek, J., Rousseau, D., Rudolph, J., & DePalms, J. (2006). On the receiving end: Sensemaking, emotion and assessments of an organisational change initiated by others. *The Journal of Applied Behavioral Science, 42* (2), 182-206.

Baskin, O., & Aronoff, C. (1989). *Interpersonal communication in organisations.* Santa Monica, CA: Goodyear.

Bean, C., & Eisenberg, E. (2006). Employee sensemaking in the transition to nomadic work. *Journal of Organisational Change Management , 19* (2), 210-223.

Beckett, R. (2003). Communication ethics: Principle and practice. *Journal of Communication Management, 8* (1), 41-53.

Berger, P., & Luckmann, T. (1967). *The social construction of reality*. London: Penguin.

Boardman, D. (2009). How internal comms helped shape change at Show Direct Group: The role of communication in transforming the organisation. *SCM , 13* (6), 20-25.

Brammer, S., Millington, A., & Rayton, B. (2005). The contribution of corporate social responsibility to organisational commitment. *Working Paper* . University of Bath, UK.

Brownell, J. (1990). Management: Grab hold of the grapevine. *Cornell Hotel & Restaurant Administration Quarterly, 31,* 78 - 83.

Burrell, G., & Morgan, G. (1979). *Sociological Paradigms and Organisational Analysis*. Hampshire: Gower.

Carlson, P., & Davis, G. (1998, September). An investigation of media selection among directors and managers: From "self" to " other" orientation. *MIS Quarterly*, 335-362.

Carus, A., & Ogilvie, S. (2009). Turning qualitative into quantitative evidence: A well-used method made explicit. *The Economic History Review , 62* (4), 893-925.

Clampitt, P., & Downs, C. (1993). Employee perceptions of the relationship between communication and productivity: a field study. *Journal of Business Communication , 30*, 5-28.

Clark, H. (1996). *Using language.* Cambridge, UK: Cambridge University Press.

Cooren, F., Taylor, J., & van Every, E. (2006). *Communication as organising: Empirical and theoretical explorations in the dynamic of text and organisation.* Mahwah, NJ: Lawrence Erlbaum.

Cornelissen, J., van Bekkum, T., & van Ruler, B. (2006). Corporate communications: A practice-based theoretical conceptualization. *Corporate Reputation Review, 9* (2), 114-133.

Crampton, S., Hodge, J., & Mishra, J. (1998). The informal communication network: Factors influencing grapevine activity. *Public Personnel Management, 27*, 569-584.

Crozier, A., & Kass, K. (2010). Engaged and Enriched. *Communication World , 27* (1), 32-38.

Daft, R., & Lengel, R. (1984). Information richness: A new approach to managerial behaviour and organisational design. In B. Staw, & L. Cummings, *Research in organisational behaviour* (pp. 191-233). Greenwhich, CT: JAI.

Daft, R., & Lengel, R. (1986). Organisational information requiremens: Media richness and structural design. *Management Science, 32*, 554-571.

Daft, R., Lengel, R., & Trevino, L. (1987). Message equivocality, media selection, and manager performance: Implications for information systems. *MIS Quarterly, 11*, 355-367.

Dansereau, F., Graen, G., & Haga, W. (1975). A vertical dyad linkage approach to leadership within formal organisations: A longitudinal investigation of the role making process. *Organisational Behavior and Human Performance , 13*, 46-78.

Davis, A. (2010). Leading from the groung up. *Communication World , 27* (2), 22-28.

Davis, J. (2008). Information overload. *ABA Journal, 94* (7), 14.

Davis, K. (1953). Management communication and the grapevine. *Harvard Business Review*, 43 - 49.

Davis, K. (1979, 13th August). Where did that rumour come from? *Fortune, 34.*

De Mare, G. (1989). Communicating: The key to establishing good working relationships. *PriceWaterhouse Review, 33*, 30 - 37.

Dickson, D., Hargie, O., & Nelson, S. (2004). Cross-community communication and relationships in the workplace: a case study of a large Northern Ireland organisation In O. Hargie & D. Dickson (Eds.), *Researching the troubles: Social science perspectives on the Northern Ireland conflict* (pp. 183 - 207). Edinburgh: Mainstream Publishing.

Dienesch, R., & Liden, R. (1986). Leader-member exchange model of leadership: A critique and further development. *Acadamey of Management Review, 11*, 618-634.

District Health Board (2010). *District health board*. Retrieved from www.cdhb.govt.nz.

Downs, C. (1988). *Communication audits.* Glenview, IL: Scott, Foresman

Downs, C., & Hazen, M. (1977). A factor analytic study of communication satisfaction. *Journal of Business Communication, 14*, 63-73.

Dozier, D., & Broom, G. (1995). Evolution of the manager role in public relations practice. *Journal of Public Relations Research , 7*, 3-26.

Ducheneaut, N., & Bellotti, V. (2001). Email as habitat: An exploration of embedded personal information management. *Interactions, 8* (5), 30-38.

Dutton, J., Dukerich, J., Harquail, & J. (1994). Organisational images and member identification. *Administrative Science Quarterly, 39* (2), 239-263.

Dwyer, S., & Allison, B. (2002). The importance of organisational citizenship behaviour skills. *Business Education Forum, 56* (4), 46-49.

El-Shinnawy, M., & Markus, L. (1998). Acceptance of media in organisations: richness or features? *IEEE Transactions on professional Communication* (41), 242-253.

Emerson, R. (1976). Social exchange theory. *Annual Review of Sociology, 2*, 335-363.

Emmanuel, M. (1985). Auditing Communication Practices. In C. Reuss & D. Silvas (Eds.), *Organisational Communication* (2 ed.) (p. 50). London: Longman.

Foster, D., & Jonker., J. (2005). Stakeholder relationships: the dialogue of engagement. *Corporate Governance, 5* (5), 51-57.

Furnham, A., & Gunter, B. (1993). *Corporate assessment: Auditing a company's personality.* London: Routledge.

Fussel, S., & Krauss, R. (1992). Coordination of knowledge in communication: Effects of speakers' assumptions about what others know. *Journal of Personality Social Psychology , 62* (3), 378-391.

Gabriel, Y. (2000). *Storytelling in organizations: Facts, fiction and fantasies.* Oxford: Oxford University Press.

Gerstner, C., & Day, D. (1997). Meta-analytic review of leader-member exchange theory: Correlates and construct issues. *Journal of Applied Psychology, 82*, 827-844.

Gill, A. (2009). Employee engagement in a change environment. *Strategic HR Review, 8* (2),

19.

Goldhaber, G., & Rogers, D. (1979). *Auditing organisational communication systems: The ICA communication audit.* Dubuque, IA: Kendall/Hunt.

Goldhaber, G. (2002). Communication audits in the age of the Internet. *Management Communication Quarterly, 15*, 451-457.

Goris, J., Pettit, J., & Vaught, B. (2002). Organisational communication: is it a moderator of the relationship between job congruence nad job performance/satisfaction. *International Journal of Management, 19* (4), 664-672.

Grates, G. (2009). Engagement: Why it shouldn't be forgotten. *SCM People, 13* (1), 1-2.

Gratton, L., & Ghoshal, S. (2005). Beyond best practice. *MIT Sloan Management Review, 46* (3), 49-57.

Gronstedt, A. (1996b). Integrated communications at America's leading total quality management corporations'. *Public Relations Review, 22*, 25-42.

Gronstedt, A. (1996a). Integrating marketing communication and public relations: A stakeholder relations model. In E. Thorson, & J. Moore, *Integrated communication: Synergy of persuasive voices* (pp. 287-304). Mahwah, NJ: Erlbaum Associates.

Gronstedt, A. (2000). *The customer century: Lessons from World-class companies in integrated marketing and communications.* London: Routledge.

Hales, C. (2007). Structural contradiction and sense-making in the first line manager role. *Irish Journal of Management, 28* (1), 147-179.

Hanson, G. (1986). Determinants of firm performance: an integration of economic and organisational factors. *Unpublished doctoral dissertation. University of Michigan Business School.*

Hargie, O., & Tourish, D. (2004). How are we doing? Measuring and monitoring organisational communication. In D. Tourish & O. Hargie (Eds.), *Key issues in organisational communication* (pp. 234-251): London. Routledge.

Harmer, B. (2009). Teaching in a contextual vacuum: Lack of prior workplace knowledge as a barrier to sensemaking in the learning and teaching of business courses. *Innovations in Education and Teaching International, 46* (1), 41-45.

Heath, R. (1994). *Management of corporate communication: From interpersonal contacts to external affairs.* Hillsdale, New Jersey: Lawrence Erlbaum Associates.

Hewstone, M., & Jaspars, J. (1984). Social dimensions of attribution. In H. Tajfel, *The Social Dimension" European Developments in Social Psychology* (pp. 379-404). Cambridge, UK: Cambridge University Press.

Hinds, P., & Bailey, D. (2003). Out of sight, out of sync: Understanding conflict in distributed teams. *Organisation Science, 14* (6), 615-634.

Hogard, E., & Ellis, R. (2006). Evaluation and communication: using a communication audit to evaluate organisational communication. *Evaluation Review, 30,* 171-187.

Hogg, M., Terry, D., & White, K. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social Psychology Quarterly, 58* (4), 255-269.

Huebner, H., Vary, R., & Wood, L. (2008). The significance of communication in enacting decisions. *Journal of Communication Management, 12* (3), 204-223.

Jones, D. (2002). The interpretive auditor: Reframing the communication audit. *Management Communication Quarterly, 15*, 466-471.

Jonsen, K., & Jehn, K. (2009). Using triangulation to validate themes in qualitative studies. *Qualitative Research in Organisations and Management, 4* (2), 123-150.

Kaplan, A. (1964). *The conduct of inquiry: Methodology for behavioural science.* San Francisco, CA: Chandler.

Kanter, R. (1988). Three tiers for innovation research. *Communication Research, 15*, 509-23.

Keller, T., & Dansereau, F. (1995). Leadership and empowerment; A social exchange perspective. *Human Relations, 48*, 127-146.

Klausegger, C., Sinkovics, R., & Zou, H. (2007). Information overload: A cross-national investigation of influence factors and effects. *Marketing Intelligence and Planning , 25* (7), 691-718.

Kurland, N., & Pelled, L. (2000). Passing the word: Toward a model of gossip and power in the worlplace. *Academy of Management Review, 25*, 428-440.

Landrey, G., & Vandenberghe, C. (2009). Role of commitment to the supervisor, leader-member exchange and supervisor-based self-esteem in employee-supervisor conflicts. *The Journal of Social Psychology, 149* (1), 5-27.

Lauer, L. (1995). Will we need a whole new breed of professional? *Communication World*.

Lee, T.W. (1999). *Generic qualitative research design* (pp.21-35). Using qualitative methods in organisational research, Sage Publications.

Lord, R., & Brown, D. (2001). Leadership, values and subordinates self-concepts. *Leadership Quality, 12,* 133-152.

Lord, R., Brown, D., & Freiberg, S. (1999). Understanding the dynamics of leadership: The role of the follower self-concepts in the leader/follower relationship. *Organisational behaviour and Human Decision Processes, 78*, 167-203.

Mallon, M. (1998). The portfolio career: Pushed or pulled into it? *Personnel Review, 27* (5), 361-377.

Mallon, M., & Cohen, L. (2000). *My brilliant career? Understanding career through stories.* Paper presented at the Fourth International Conference on Organizational Discourse, London, United Kingdom.

Marshall, S., & Rossman, G.B. (1995*). Designing qualitative research*. Thousand Oaks, CA: Sage.

Mauno, S., Kinnunen, U., & Ruokolainen, M. (2002). Perceived job insecurity among dual-earner couples: Do its antecedents vary according to gender, economic sector and the measure used? *Journal of Occupational and Organisational Psychology , 13* (2), 295-314.

McCracken, C. (1988). *The long interview*. Ontario: Sage.

Melin, L. (1977). *Strategisk inköpsverksamhet – organisation och interaktion.* Doctoral Dissertation. Linköping University, Sweden (In Swedish).

Mellor, V., & Dewhurst, S. (2009). A definitive framework for internal communication. *Strategic Communication Management, 13* (2), 16-19.

Miles, M.B., & Huberman, A.M. (1994). *Qualitative Data Analysis.* Thousand Oaks, CA: Sage.

Millar, R., & Gallagher, M. (2000). The interview approach. In O. Hargie & D. Tourish (Eds.), *Handbook of communication audits for organisations.* London: Routledge.

Miller, D. (2003). The stages of group development: A retrospective study of dynamic team processes. *Canadian Journal of Administrative Sciences, 20* (2), 121-134.

Mills, C. (2000a). The interfaces of communication, sensemaking, and change. *Australian Journal of Communication, 27* (1), 95-108.

Mills, C. (2000b). Taikyoku: A comprehensive theory of sensemaking about workplace communication. Ph.D. thesis, University of Canterbury, New Zealand. 413.

Mills, C. (2005). Moving forward by looking back: a model for making sense of organisational communication. *Australian Journal of Communication, 32* (3), 19-43.

Mills, C. (2007). Ideational elements: A window on sensemaking about change. *Australian Journal of Communication, 34* (2), 13-38.

Mills, C. (2009a). A case of making sense of organisational communication. In O. Hargie, & D. Tourish, *Auditing organisational communication* (pp. 370-390). UK: Routledge.

Mills, C. (2009b). Making organisational communication meaningful: Reviewing the key features of a model of sensemaking about change communication. *Australian Journal of Communication*.

Ministry of Health. (2010) *Quality improvement & innovation.* Retrieved from: http://www.moh.govt.nz/moh.nsf/indexmh/quality-projects-wards.

Monge, P., & Eisenberg, E. (1987). Emergent communication networks. In F. Jablin (Ed.), *Handbook of Organizational Communication* (pp. 304 - 343). Newbury Park, CA: Sage.

Murray, S., & Peyrefitte, J. (2007). Knowledge type and communication media choice in the knowledge transfer process. *Journal of Managerial Issues, 19* (1), 111-134.

Musson, G. (1998). Life histories. In G. Symon & C. Cassell (Eds.), *Qualitative methods and analysis in organizational research* (pp. 10 - 27). London: Sage.

Musson, G. (2004). Life Histories. In C. Cassell & G. Symon (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 34 - 43). London: Sage.

Nawakda, E., Fathi, A., Ribiere, V., & Mirghani, M. (2008). Knowledge management initiative at the Ministry of Health in the Kingdom of Bahrain: A case study. *The Journal of Information and Knowledge Managment Systems, 38* (4), 535-553.

NHS Institute. (2010). *Releasing time to care: The productive ward – the story so far…* Retrievied from NHS Institute: http://www.institute.nhs.uk/quality_and_value/productivity_series/about_releasing_time_to_care.html

Nilakant, V., & Ramnarayan, S. (2007). *Change management* (2nd Edition ed.). New Delhi/Thousand Oaks/London: Sage Publications.

Noon, M., & Delbridge, R. (1993). News from behind my hand: Gossip in organisations. *Organisation Studies, 14*, 23-36.

Nordqvist, M., Hall, A., & Melin, L. (2009). Qualitative research on family businesses: The relevance and usefulness of the interpretive approach. *Journal of Management & Organisation, 15* (3), 294-308.

O'Reilly, C. (1980). Individuals and information overload in organisations: is more necessarily better? *Academy of Management Journal, 23* (4), 684-696.

Paglis, L., & Green, S. (2002). Both sides now: Supervisor and subordinate perspectives on relationship quality. *Journal of Applied Social Psychology, 32*, 250-276.

Patton, M. (2003). Inquiry into Appreciative Evaluation. In H. Preskill & A. T. Coghlan (Eds.), *Using appreciative inquiry in evaluation* (pp. 85-98). San Francisco, CA: Jossey-Bass.

Reza, E. (2009). Identity constructs in human organisation. *The Business Renaissance Quarterly: Enhancing the Quality of Life at Work*, 77-107.

Rhee, Y. (2008). Risk communication management: A case study on Brookhaven National Laboratory. *Journal of Communication Management, 12* (3), 224-242.

Rice, R., & Case, D. (1983). Electronice message systems in the university: A description of use and utility. *Journal of Communications, 33*, 131-152.

Rice, R., & Shook, D. (1990). Relationships of job categories and organisational levels to use of communication channels, including electronic mail: A meta-analysis and extension. *Journal of Management Studies, 27* (2), 195-229.

Richardson, J., & McKenna, S. (2003). International experience and academic careers: What do academics have to say? *Personnel Review, 32* (6), 774-795.

Robertson, E. (2005). Placing leaders at the heart of organisational communication. *Strategic Communication Management, 9* (5), 34 - 38.

Robson, P., & Tourish, D. (2005). Managing internal communication: an organisational case study. *Corporate Communications, 10* (3), 213-223.

Rubin, H., & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2 ed.). California: Sage Publications.

Rust, S., Lehman, J., McMillan, N., MenKedick, J., O'Muircheartaigh, C., Ryan, L., Sever, L., Strauss, W. (2004). *White paper on advantages and limitations of alternative sampling methods for the national children's study.* Ohio: Sample Design Workshop.

Schonlau, M., Fricker, R., & Elliot, M. (2002). Summary. In M. Schonlau, R. Fricker, & M. Elliot, *Conducting research surveys via email and the web* (pp. 13-21). Santa Monica: RAND.

Seegar, M., Ulmer, R., Novak, J., & Sellnow, T. (2005). Post-crisis discourse and organisational change, failure and renewal. *Journal of Organisational Change Management, 18*, 78-95.

Seibert, S., Sparrowe, R., & Liden, R. (2003). A group exchange structure approach to leadership in groups. In C. Pearce, & J. Conger, *Shared leadership: Reframing the hows and whys of leadership.* Thousand Oaks, CA: Sage Publications.

Sheer, V., & Chen, L. (2004). Improving media richness theory. *Management Communication Quarterly, 18* (1), 76-93.

Simmons, D. (1986). How does your grapevine grow? *Managerial World, 15,* 16–18.

Smith, J. (1993). Hermeneutics and qualitative inquiry. In F. D & G. Mills (Eds.), *Theory and concepts in qualitative research* (pp. 186 - 187). New York: Teachers College Press.

Smith, W., Woktuch, R. H., & Dennis, B. (2001). An examination of the indluence of diversity and stakeholder role on sorporate social orientation. *Business & Society, 40* (3), 266-294.

Stewart, D. (1996). Market-back approach to the design of integrated communications programs: A change in paradigm and a focus on determinants of success. *Journal of Business Research, 37*, 147-153.

Tajfel, H. (1981). *Human groups and social categories.* Cambridge, UK: Cambridge University Press.

Tajfel, H., & Turner, J. (1986). The social identity theory of intergroup behaviour. In S. Worchel, & A. W, *Psychology of intergroup relations.* Chicago: Nelson-Hall.

Taylor, C. (1992). Human agency and language: Philosophical papers 1. *Cambridge University Press*, 258.

Tichy, N., Tushman, M., & Fombrun, C. (1979). Social network analysis for organizations. *Academy of Management Review, 4* (4), 507-519.

Trahant, B. (2008). Six communication secrets of top-performing organisations. *The Public Manager*, 68-75.

Turker, D. (2009). How corporate social responsibility influences organisational commitment. *Journal of Business Ethics, 89*, 189-204.

Ulmer, R. (2001). Effective crisis management through established stakeholder relationships: Malden Mills as a case study. *Management Communication Quarterly, 14* (4), 590-615.

Vander Elst, T., Baillien, E., De Cuyper, N., & De Witte, H. (2010). The role of organisational communication and participation in reducing job insecurity and its negative association with work-related well being. *Economic and Industrial Democracy, 31* (2), 249-264.

Walsham, G. (2006). Doing interpretive research. *European Journal of Information Systems , 15*, 320-330.

Walton, E. (1961). How efficient is the grapevine? *Personnel, 28*, 45-49.

Watts, L., Nugroho, Y., & Lea, M. (2003). Engaging in email discussion: Conversational context and social identity in computer-mediated communication. In M. Rauterberg,

& e. al, *Human-Computer Interaction - Interact '03* (pp. 559-566). Manchester: IOS Press.

Weick, K. (1995). *Sensemaking in organizations*. Thousand Oaks, CA: Sage.

Weick, K. (2001). *Making sense of the organisation.* Oxford, UK: Blackwell.

Weick, K. (2007). The generative properties of richness. *Academy of Management Journal*, 50(1), 14.

Weick, K., Sutcliffe, K., & Obstfeld, D. (2005). Organizing and the process of sensemaking. *Organization Science*, 16, 409-421.

Williams, K. (2009). Is information overload hurting your career? *Strategic Finance*, 22-23.

Ministry of Health (2010). *District health boards*. Retrieved from www.moh.govt.nz/districthealthboards.

Yin, R. (1994). *Case study research: Design and methods* (2 ed., Vol. 5). Thousand Oaks: Sage Publications.

Young, D. (2009). Interpretivism and education law research: A natural fit. *Education Law Journal, 18* (3), 203-221.

Zikic, J., & Richardson, J. (2007). Unlocking the careers of business professionals following job loss: Sensemaking and career exploration of older workers. *Canadian Journal of Administrative Sciences, 24* (1), 58-73.

Zwijze-Koning, K., & de Jong, M. (2007). Evaluating the communication satisfaction questionnaire as a communication audit tool. *Management Communication Quarterly, 20* (3), 261-282.

CHAPTER TEN – Appendices

Appendix 1 – Participant Information Sheet

Appendix 2 – Participant Consent Form

Appendix 3 – Letter of Support from DHB Communications Manager

Appendix 4 – Interview Guide for Phase One & Two Data Collection

Appendix 5 – Phase Three Questionnaire

Department of Management
College of Business and Economics
Tel: +64 3 364 2606, Fax: +64 3 364 2020, Email: enquiry@mang.

Information for Participants:
Internal Communication within the [redacted] District Health Board

Janika M.N. Lawrence
University of
February 2009

Introduction

The [redacted] District Health Board ([redacted]DHB) is one of 21 District Health Boards in New Zealand, whose aim is to fund and provide the best healthcare possible to those within their district. The [redacted] is the largest employer in the [redacted] Island, with more than [redacted] employees spanning over 16 geographic sites. The effectiveness of internal communication is essential within an organisation of this size and nature, and the purpose of this study is to examine the effectiveness of its current internal communications processes. ***The intended project has been commissioned by the [redacted]DHB and is part of a collaboration between [redacted]DHB and the University of [redacted] [redacted]DHB members are part of the Advisory Committee.*** Using a specific communications event as the focus, this study will explore the current communication processes in place, and investigate the perceptions of a variety of [redacted]DHB employees. It will examine how this communication is processed across the organization in order to identify ways that the efficacy of internal communication can be improved. It is hoped that the knowledge gained by this study will provide a better understanding of the experiences and sensemaking processes of [redacted]DHB employees in relation to internal communication Such understanding will help refine internal communication processes so they can be more effectively tailored to the nature and needs of the [redacted]DHB and its employees. In addition to assisting [redacted]DHB to refine its internal communication processes it is anticipated that the findings will add to the literature on internal communication practice in large organisations.

Research Themes

This study will investigate the following interrelated themes:

a) Employees' experience of existing internal communication processes as revealed by a particular communication event
b) Specifically, the way [redacted]DHB employees respond to (i.e., make sense of and subsequently act) this internal communication
c) Upward feedback processes relating to internal communication events
d) The variability of communication experiences across the [redacted]DHB
e) The role of social networks in the interpretation of internal communication events
f) The influence of geographic location on the nature and effectiveness of internal communication events.

Janika Lawrence
February 2009

Proposal

1. The scoping phase will reveal the range of communication environments that exist across the [redacted]DHB. A transect will be identified across these and then participants will be chosen in a structured manner (i.e. not randomly) across the environments located on this transect. The Project Advisory Committee (PAC) will advise on ways to achieve this sampling with the [redacted]DHB members actively facilitating access. The number of participants will be determined by the findings of the scoping phase. The participant sample could range from 20-40.

2. The project will involve three data collection phases:
    a. Scoping phase – unstructured interviews
    b. In depth semi-structured interviews and document collection
    c. Feedback – unstructured interviews over the phone

    Participants can expect to invest approximately 2-3 hours of their time in total across these three phases. Interviews and discussions will be conducted in private workspaces where they cannot be overheard and where audio-taping can occur.

3. Participants will be asked to reflect upon the identified internal communication event. In doing so, they will be asked to describe their interpretation of the event and the involvement of others in their sensemaking process.

4. Interviews will be recorded (audiotaped) so that the language used by a participant can be examined in detail. Any references to this data, either orally or in writing, will be made in a way that ensures the identity of the speaker cannot be determined (i.e., a coding system will be used to disguise all identities). Anonymity is not guaranteed, however measures will be taken to ensure confidentiality is maintained, with each participant receiving pseudonyms and all confidential data being stored on the researchers personal laptop that is password locked.

5. These tapes will be securely stored and not shared with anyone except the two supervisors and the transcribing technicians/research assistants. Similarly any transcripts made of the tapes will not be made available to any other parties (including any other participant). ***The transcribing technicians/research assistants will also sign a confidentiality agreement to assure participants of the confidentiality of their identity. Furthermore, the use of pseudonyms on transcripts will further conceal participant identity from transcribing technicians/research assistants.***

6. Participants will have the opportunity to comment on the data they provide at the end of each interview and clarify or revise any points they have made. Further revision will not be possible after this point.

7. Feedback about the study's findings will be offered to participants in a format they feel would be most helpful and informative. This will be negotiated with each participant at the time of the interview.

Janika Lawrence
February 2009

8. Participants will be able to withdraw from the study at any time prior to the completion of the study and request their interview tapes and any transcripts of these are destroyed. However, they need to recognise that if the do this, their data may have still have contributed to the overall findings of the study.

9. Written works (e.g., journal articles or conference papers) that refer to the project will be made available to participants if requested. ***N.B. Reports and papers presenting and discussing the findings of the study will be presented in academic and professional settings and subsequently may be published. Excerpts from the interviews with participants may be used in both these presentations and written works. Participants can be assured that their identities will be disguised to ensure their identities are protected. If a person's identity cannot be concealed because of their unique role then the researcher will contact that person to gain their consent to use the excerpt.***

10. Written works (e.g., journal articles or conference papers) that refer to the project will be made available to participants if requested.

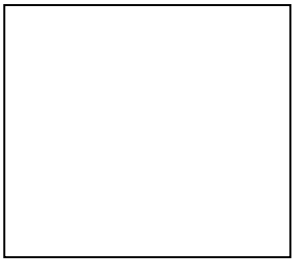
11. This research project has been gained approval from the University of [redacted] Human Ethics Committee.

Outcome & Benefits

The nature and effectiveness of internal communication has been identified by [redacted]DHB management as needing refinement. This study will provide useful insights into how [redacted]DHB employees experience and respond to internal communication and aid in the refinement of internal communication processes that are tailored to the needs of the [redacted]DHB and its employees.

The health sector within New Zealand often involves large and geographically spread groups of employees and investigation into internal communication processes of a New Zealand DHB, will provide transferable knowledge on the experience of communication in such organisations and hopefully will suggest ways to improve the effectiveness of internal communication within large organisations.

Janika Lawrence
February 2009



Department of Management

College of Business and Economics
Tel: +64 3 364 2606, Fax: +64 3 364 2020, Email: enquiry@

Research Consent Form:
Internal Communication within the [redacted] District Health Board

Janika M.N. Lawrence
University of
February 2009

1. I have read and understood the description of the above-mentioned project.
2. I understand that this project is being commissioned by the [redacted]DHB, and the [redacted]DHB are happy for their employees to participate in this project during work hours.
3. I understand that my participation will involve audio-taped interviews, and/or documented phone interviews.
4. I understand that the audiotape/s and transcript/s of my interview/s be destroyed at the end of the project.
5. I understand and accept that academic papers will be written on this study and that any reference to data I have provided will be presented in these in ways that ensure my confidentiality is preserved.
6. I understand that this research is not anonymous but is confidential, and I am satisfied with all the measures that will be taken to protect my identity and interests.
7. I understand I can request copies of any academic papers that are produced from this study.
8. I understand that I can withdraw from this project at any point prior to the completion of the study, and request that my transcripts of audiotapes be destroyed.

If you have any questions regarding this research, please contact Janika Lawrence, [redacted] University Researcher, ([redacted]) or [redacted], [redacted]DHB Communication Manager [redacted]).

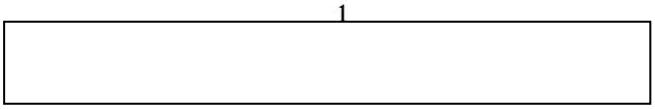
On the basis of the written information sheet and the points made on this consent form, I agree to participate in this research project.

Signed: Date: / /

NAME (Printed):

CONTACT DETAILS:

1



[redacted]

Dear [redacted]DHB Staff Member,

Janika Lawrence is a Masters student from the University of [redacted] who has been commissioned by [redacted]District Health Board to study internal communications processes within our organisation.
Her work is one of the initial projects undertaken in a new collaboration between the University of [redacted] and [redacted]DHB.

For further information about the project and your possible participation please read the attached letter.

I hope you enjoy working with Janika. Please do not hesitate to contact me if you require further information.

Yours Faithfully

[redacted]DHB Communications Manager

Ph [redacted]
Mob [redacted]

NAME/CODE: **WARD:**

POSITION: **Initiative: MT4C / Fast Track**

1. How would you describe the effectiveness of internal communication at the DHB?
2a. Can you describe an example of internal communication from the DHB that you felt was effective and why?
2b. Can you describe an example of internal communication in relation to MT4C / Fast Track, and the key message or understanding you took from that communication? What other examples can you recall?
3. What upward feedback process have you been able to utilise in relation to MT4C / Fast Track?
4a. Do you discuss MT4C / Fast Track with your colleagues? What sorts of questions are raised about the initiative in a typical discussion?
4b. What do your colleagues make of MT4C / Fast Track?
5. How accessible are internal communication messages to you? What methods or channels are used to deliver these messages?
6. What impact do you think geographic location has on internal communication within the DHB?
7. How often do you read staff newsletters such as Healthbeat? How effective do you feel they are as a means to communicate with staff?
General:

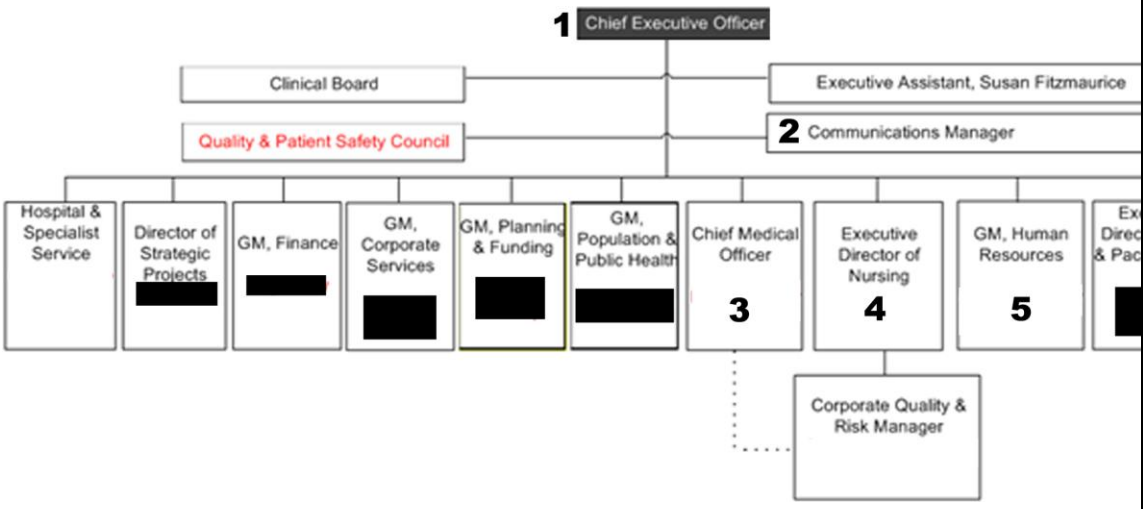
DHB Internal Communication Questionnaire

HOSPITAL YOU WORK FOR: **OCCUPATION:**

1. How would you describe the effectiveness of internal communication at DHB?				
1 **Very poor**	**2** **Fair**	**3** **Good**	**4** **Very Good**	**5** **Excellent**
Comment?				
2. What would be the best way for hospital management to communicate something to you? (e.g., a healthcare initiative or change to protocol)				
3. How often do you check your DHB email account?				
5. How often do you read staff newsletters and DHB publications such as Healthbeat? How effective do you feel they are as a means to communicate with staff?				
6. Have you heard of Making Time For Caring? If so, please give a brief sentence on what you think it is about and how you heard of it?				
YES			**NO**	
What is it? **How did you hear about Making Time For Caring?**				
6. Have you heard of The Fast Track Rollout? If so, please give a brief sentence on what you think it is about and how you heard of it?				
YES			**NO**	
What is it?				

How did you hear about The Fast track Rollout?

7. On the diagram below, can you name persons 1-5?



Name:

1 –

2 –

3 –

4 –

5 –

8. If you were to walk past persons 1, 2, 3, 4, or 5, how many would you recognise by face?(please circle the person/people you would recognise)

1	2	3	4	5