

101792



PROGRAMME MANAGER
14 NOV 1994
SPECIAL. HOSPITAL CARE
E. H. B.

Targeting COMMUNICATION



A STRATEGY
FOR THE
EASTERN HEALTH BOARD



EASTERN HEALTH BOARD

**HOSPITALLER ORDER OF
ST. JOHN OF GOD**



**DIPLOMA IN HEALTH CARE
MANAGEMENT PROJECT**

September 1994

658-45

CONTENTS	PAGE
Group Membership	1
Acknowledgements	2
Summary and Recommendations	3
Introduction	8
Literature Review	12
Methodology Audit Workshop	15
Communication Audit - Hospitaller Order of St. John of God	18
Communication Audit - Eastern Health Board	21
The Workshop	35
Recommendations	41
References	48
Appendix 1 & 1A <i>Project Options</i>	
Appendix 2 <i>Audit Questionnaire</i>	
Appendix 3 <i>Letter to Staff Surveyed</i>	
Appendix 4 <i>Hospitaller Order of St. John of God - Guideline for Information Services</i>	
Appendix 5 <i>Workshop - Summary of Purpose</i>	
Appendix 6 <i>Workshop - Documentation for Participants</i>	

Group Membership

**Brigid Butler, Director, Cuallacht Eoin
Hospitaller Order of St. John of God**

David De La Harpe, Area Medical Officer

Paul Harrison, Head Social Worker

Carmel Keaveny, Senior Executive Officer

Stephen McDermott, Principal Dental Surgeon

Brion Sweeney, Consultant Psychiatrist

Acknowledgements

We wish to thank the following for their support during this project: Mr. Kieran Hickey, Chief Executive Officer, Eastern Health Board and Br. Donatus Forkan, O.H., Provincial, Hospitaller Order of St. John of God for their help and encouragement throughout the project. Also, Ms. Mary Kelly, Personnel Officer, Eastern Health and Mr. John Pepper, Human Resource Manager, Hospitaller Order of St. John of God for their interest and support.

We would like to thank the Management Team of the Eastern Health Board and our colleagues in the Board and the Order who continually encouraged us.

We are deeply appreciative of all those who participated and those who facilitated the Communication Audit and Workshop.

We are indebted to the clerical staff of the Eastern Health Board who gave great support particularly Ms. Maria Boland, Dr. Steevens' Hospital and Ms. Mairead Donoghue, Community Care Area 10.

Also our thanks to the Hospital Administrator and staff St. Mary's Hospital for the use of their facilities.

We would like to thank our facilitator Christine McNally of the Institute of Public Administration for her help and encouragement over the months. Also a big thank you to Laraine Joyce our facilitator for approximately three months in Christine's absence.

Finally, we would like to acknowledge the support of our families and friends whose understanding we needed over the last eighteen months.

Summary and Recommendations

As part of the Diploma in Health Care Management course a project about Communication in the Eastern Health Board and the Hospitaller Order of St. John of God was undertaken.

Audit of Communication

Initially an audit of communication was done using a standard questionnaire which was given to a representative sample of employees based throughout both organisations. The Hospitaller Order of St. John of God already has implemented a communication policy, whereas no such general policy exists in the Eastern Health Board.

The results of the audit revealed certain strengths and weaknesses in both organisations. In the Health Board those surveyed scored slightly above the half way mark in all of the communication areas discussed. The highest scores are in sustaining a healthy community, suggesting the absence of prejudice and unfairness. Strong supportive teamwork is also a main communication strength of the service. Helpful geography is also seen as a communication strength and again suggests effective teamwork and a sense of team. However weaknesses were also revealed and included poor upward and downward flow of communication, insensitivity to the external environment and a lack of trust between the various organisational levels.

The Hospitaller Order of St. John of God scores well in downward flow of information with an indication across all grades that there is a clear vision of what the organisation is trying to achieve. People seem to feel encouraged to transform the vision into reality by communicating closely with teams across disciplines and services. The weaknesses revealed by the audit included poor upward flow of information and also insensitivity to the external environment.

It was agreed that it would be of greatest benefit to concentrate on the Eastern Health Board for the second part of the project.

Workshop on Communication

Based on the audit results a workshop was organised with invited representatives from all programmes and functions from within the Eastern Health Board. The participants in the workshop were made aware of the findings of the audit. In workshop groups they then discussed the areas presenting greatest difficulty within the Eastern Health Board. Each group then reviewed their discussion with the complete group of participants.

Based on the discussions and feedback from the workshop groups and practical experience gained from the action learning project the following recommendations are made:-

1) Team Briefing

Our main recommendation is the adoption of "Team Briefing" as the major communication tool within the Board.

What is Team Briefing?

Team Briefing is a systematic and flexible drill which ensures that all staff members are kept informed of issues which affect them and their jobs.

Our project has confirmed the need for some formal communication initiative within the Eastern Health Board. This initiative we believe should be in the form of a Team Briefing Programme which can address both upward and downward communication flow.

The adoption of Team Briefing as the major communication tool in the Board will necessitate a major cultural switch, something that cannot be achieved overnight. This initiative must be led from the top but bottom driven. The system should be piloted in at least one location/department.

2) Induction

We are very pleased to note that our Personnel Department is in the process of preparing an Induction Pack for new employees. We recommend that this Induction Pack form an integral part of the induction training process for all new employees.

Furthermore we recommend that the Induction Pack be updated at regular intervals and that such updating should include feedback from employees who have already used the pack.

3) **Staff Appraisal System**

A staff appraisal system could prove a useful aid to improving upward and downward communication flow, and increasing trust.

We are interested to note that previous participants of the Diploma in Health Care Management chose "Staff Motivation and Performance Review" as their action learning project (E.H.B. 1992). We strongly recommend that this report be implemented.

4) **Discussion Forums**

A frequently heard comment from staff who participated in the Communication Workshop was that this was the first, very valuable opportunity they had, to participate in, and contribute to this type of a forum. The participation of people from all programmes and functions provided an opportunity for lateral communication.

Workshops on similar topics of general interest should be run on at least an annual basis.

5) **Contacts - Staff Magazine of the Eastern Health Board**

Recent improvements in the format, content and distribution of **Contacts** have shown how effective this magazine can be as a communication tool. We recommend that a readership panel be instituted to work with the editorial board. The content of future editions of the magazine should be based largely on this consumer feedback.

6) Customer Service

It is recommended that a training programme be initiated for staff who deal with the public on a daily basis. This would help to increase the organisation's sensitivity to the external environment.

7) Facilitated Workshops

Management exercises to help the organisation look at particular communication problems should be undertaken. Activities specifically geared for unblocking upward and downward flow, for making the organisation more sensitive to the external environment and for developing trust within the organisation are available (Francis 1992). These activities are best carried out in workshops. We recommend that the Board consider the possibility of such a programme.

Introduction

In May 1993, a multi-disciplinary group of five staff members of the Eastern Health Board and one staff member of the Hospitaller Order of St. John of God commenced the Diploma in Health Care Management course in the Institute of Public Administration (IPA). This course was instituted in response to, and in association with the Chief Executive Officers (CEOs) of the Health Boards.

The programme involves distance learning modules, and group action learning projects. Each group was required to undertake a major action learning project. The purpose of this project was to enable the group to develop and practice managerial skills while working on an issue of importance to both the Board and the voluntary organisations represented by group members.

Objective

It was agreed that the chosen project should be significant to both organisations and be developed in consultation with the Chief Executive Officer of the Eastern Health Board and Provincial of the Hospitaller Order of St. John of God. In addition, it was agreed that the project should be one to which all group members could relate and which would facilitate the action learning process for the group.

Selection Process

It was inevitable that such a diverse group of participants would generate a number of viable options for the project. It was also

inevitable that such a diverse group would have difficulty in choosing options of relevance to all members of the group. After several meetings two options - Appendix 1 & 1A - were chosen for discussion with the CEO and Provincial. Resumes of both suggested projects were submitted and discussed. Both were acceptable to the Provincial of the Hospitaller Order of St. John of God. The CEO of the Eastern Health Board in association with the Management Team, expressed a preference for the project relating to communications within the organisations.

Communication within Organisations

Communication is an integral part of the life of an organisation. It is not the technical aids and appliances used to provide pathways for exchange of information within an organisation, but is the process which allows organisations to integrate, share values, and managers to manage. Without good communication organisations cannot achieve their goals.

Four primary purposes of communication have been identified (Francis D, 1989). These are:

1. Communication for sharing the compelling vision.
2. Communication for integrating the effort.
3. Communication for making intelligent decisions.
4. Communication for sustaining a healthy community.

Under each of the four main headings there are three sub categories making a total of twelve key components of organisational communication as follows:-

- I(a) Sensitivity to the external environment.
- I(b) Compelling vision.
- I(c) Persuasive management.

- II(a) Integrating mechanisms.
- II(b) Helpful geography.
- II(c) Downward flow.

- III(a) High trust.
- III(b) Lack of prejudice.
- III(c) Supportive teamwork.

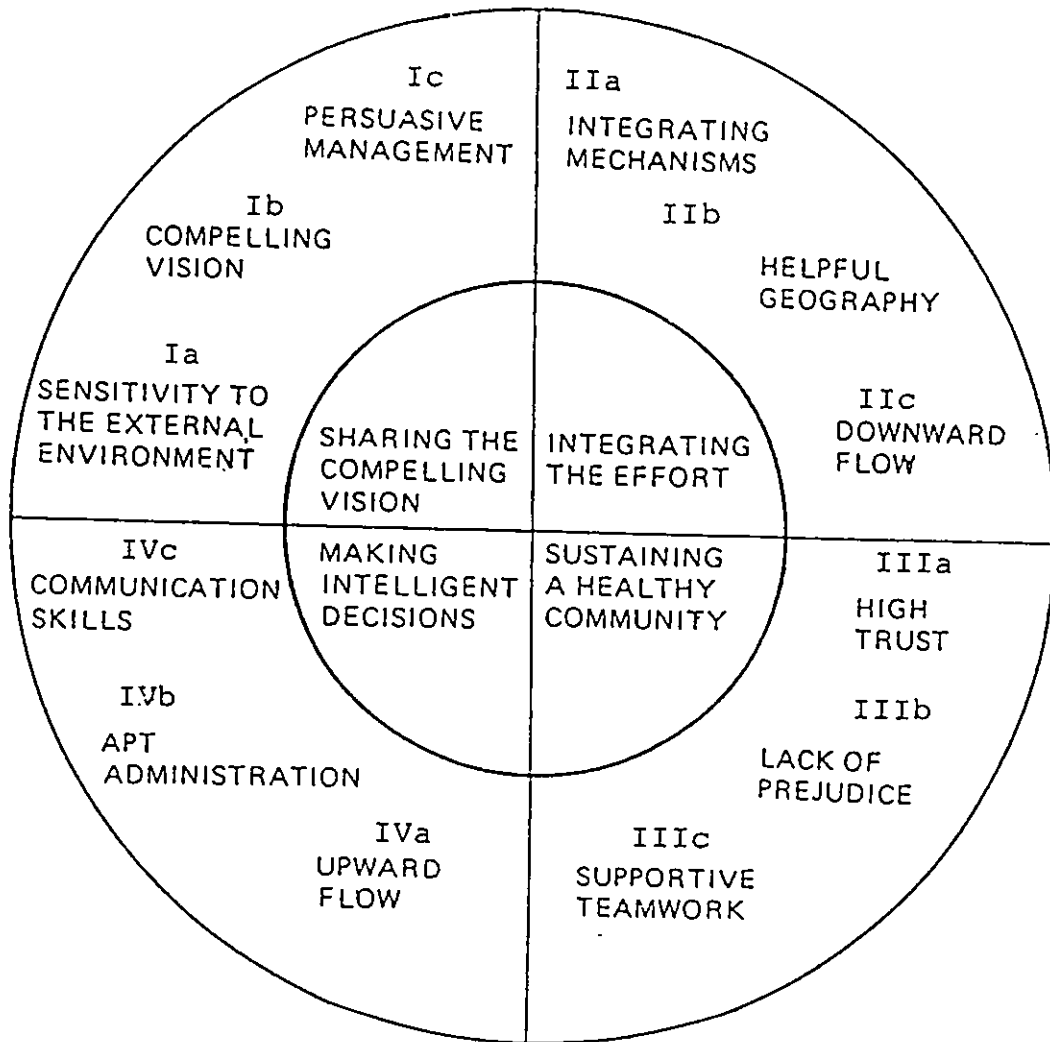
- IV(a) Upward flow.
- IV(b) Apt administration.
- IV(c) Communication skills.

This is illustrated by figure (i) (see Page 11).

Strategic Implications

The project was timely as it coincided with the publication of The Health Strategy (Shaping a Healthier Future 1994). The Strategy emphasises the importance of giving decision makers at all levels of the system a clear understanding of their objectives. It focuses on encouraging and supporting health care workers to work within the Strategy. However, the implementation of the Strategy requires that the communication processes within the organisation are facilitated and sustained.

FIG 1



The twelve components of organizational communication

Literature Review

Much of the literature on organisational communications recognises the difficulty of achieving good communications within an organisation. Drucker (1974) refers to the large body of effort which has gone into communications, while the communication gap within institutions continues to widen. The abundance of information within modern organisations merely alters the nature of the communications problem, and makes it more urgent and more difficult.

Drucker makes the valid point that communication downwards is, of itself, insufficient, as it fails to recognise the importance of the recipient in the process of communication. Communication in any organisation must be a two-way process.

Experience in the public sector (Robinson, 1990) suggests that communication problems similar to those which exist in business organisations also exist in the public sector. How an organisation responds to threats and opportunities, adapts and changes in response to an uncertain environment characterised by rapidly changing technologies, increasing competition, closer scrutiny by government and regulatory bodies and public interest groups, is seen as crucial to an organisation's survival.

Health Boards are no different in this, and although survival of their organisation may not seem to be an immediate issue, flexibility and responsiveness are key attributes to enable them to meet the challenges which lie ahead.

The conclusions which Robinson arrived at as a result of her investigation of communications within a U.K. Social Service Department were: 1) to establish a system of Team Briefing; 2) to set up regular meetings between senior managers and groups of fieldwork staff; and 3) to undertake an exercise to clarify job content, roles, and job expectations for all staff.

Driven by commercial necessities, business has progressed further down the track of organisational communication than some parts of the public sector. Other public sector industries such as electricity have more highly developed communications.

In a rapidly developing environment, organisations must be ready for change. Acceptance of change requires that the case for change is put to the workforce, and that employees are in possession of the facts upon which to base their judgements (Perkins, 1986). The size, fragmentation, and diffuse nature of public sector organisations such as health boards are identified by Perkins as problems for communications, while the constraints upon the public sector, caused by such factors as working arrangements, and politicisation can exacerbate the difficulties.

In the absence of effective communications, the grapevine flourishes (Mishra, 1991). This can lead to confusion and inaccuracy, although the value of informal channels of communication can be substantial. Much of the management information within an organisation travels along the grapevine, which with its flexibility can work faster than more formal

channels. In order to insure accurate information the journal system of communication must be able to match or exceed the frapeview in terms of Koontz and Wehrich (1988). Worker satisfaction is linked to effective communication (Bagley et al, 1975). Informal, as well as formal, systems of communication can be of value in terms of responsiveness of the organisation.

Perkins (1986) summarises the steps to introducing a communications policy in an organisation. Gaining managerial commitment, assessing needs, planning, training, consultation and auditing are the key steps identified.

Research into development of a communications policy cannot determine what that policy should be (Reeves, 1978) as this must reflect management's own philosophy, and must be open to the value of communications within the organisation.

METHODOLOGY

1. Diagnostic Survey

The methodology chosen was based on the work of Dave Francis (1989) which uses an integrated approach to improving organisational communication.

Initially a diagnostic survey was performed. This was a validated questionnaire for the evaluation of blockages in organisational communication. A copy of the questionnaire is provided in Appendix 2.

Because of time and resource constraints it was not possible to perform a randomised survey of health care workers in both organisations. It was therefore agreed that a sample comprising representative areas of the organisations would be used.

Therefore, the following areas were surveyed subsequent to an initial pilot survey.

1. A Central Administrative Headquarters.
2. A General Hospital.
3. A Community Care team.
4. A Combined Programme Facility.
5. An Area Headquarters.
6. The Management Team.
7. Countrywide Hospitaller Order of St. John of God Facilities.

Where appropriate in each facility a senior manager was approached to obtain permission and co-operation in the completion of the survey.

A representative sample of health care workers in each facility was approached individually and the purpose of the survey explained. Each person was then given the questionnaire with a covering letter (Appendix 3). Each participant was assured of anonymity.

The questionnaires once returned were analysed using Epi Info. (1990).

2 Communications Seminar

Introduction

Having analysed the audit of communication in detail it was obvious that there were areas in both organisations which would benefit from further investigation. The Hospitaller Order of St. John of God has in place guidelines for the sharing of information (Appendix 4). Bearing in mind the constraints of time and resources it was decided that it would be of most benefit to concentrate on the Eastern Health Board for the second part of the project, drawing on experience already gained within the Hospitaller Order of St. John of God.

Preparation for Workshop

It is clear that improvement and maintenance of communication within an organisation must be an ongoing process. The group decided, after discussion, to harness the experiences of employees

within the organisation in an effort to initiate an improvement in the areas highlighted by the audit. The method chosen was a seminar and workshop format.

Having made contact with the Management Team, and with the support and help of the Personnel Officer, an invitation was issued to up to ten participants from each programme and function. Each nominated participant was then given a brief summary of the purpose of the seminar and workshop (Appendix 5).

Seminar and Workshop

On the morning of the seminar participants were invited to register and were allocated to a workshop group. Mr. P. J. Fitzpatrick, Programme Manager for Community Care opened the seminar on behalf of the CEO. One of the Action Learning Group then described the communications audit and fed back the results of the audit to the seminar participants. The participants were then divided into three workshop groups of between 16 - 18 people. It was suggested that each group should choose a chairperson and rapporteur. Each participant had, in a folder, suggested questions and areas for discussion to help to structure the workshop proceedings (Appendix 6).

At the end of the workshop sessions each group, through its rapporteur, relayed to the general group the outcome of the workshop discussions.

COMMUNICATION AUDIT

Hospitaller Order of St. John of God

The Communication Audit was carried out in six of the services of the Hospitaller Order of St. John of God. Representatives from the following groups responded; directors, senior management, middle management and frontline staff, both care staff and clerical staff.

Results

The results (Table A - page 20) indicate that across all grades, there is a clear vision of what the organisation is trying to achieve. The vision is well defined and people are motivated towards achieving it. There are positive indications, that through policies, controls, procedures and directives, there is a good downward flow of communication from central administration (2c).

People seem to feel encouraged to transform the vision into reality by communicating closely with teams across disciplines and services (1c). Divisional and interservice communication is quite strong, resulting in supportive and effective teamwork (3c).

The above results suggest that the communication systems in place are effective in sharing the compelling vision, integrating the effort and supporting decision making.

The systems through which information is shared include Order and Service newsletters and magazines, Order and Service policy

documents, across-discipline committees and working groups, training and development and service evaluation. Information sharing, based on the principles of Team Briefing, which was introduced in 1989, has ensured that a systematic and flexible method of sharing information that effect staff and their jobs, is operating effectively.

The Audit results signal the need for improved effort in the area of upward flow of communication, to ensure that management is sufficiently aware of the strengths and weaknesses of the organisation and be in a position to respond appropriately (4b). Sensitivity to the external environment needs to be enhanced in order to enable the organisation to adapt to changing circumstances. Developing these links and relationships needs to take priority in order to create a climate of trust and goodwill.

Results would also indicate a need, identified by all staff to develop and improve communication skills. Concentration in this area might be on team building, decision making, conflict resolution, persuasiveness and written communication.

Table A

COMMUNICATION AUDIT

HOSPITALLER ORDER OF ST. JOHN OF GOD

Results as % of optimum performance by sub categories

	Compelling Vision			Integrated Effort			Healthy Community			Intelligent Decisions		
	1a	1b	1c	2a	2b	2c	3a	3b	3c	4a	4b	4c
Directors	75%	80%	85%	85%	80%	90%	85%	75%	85%	75%	80%	70%
Snr. Mgt.	70%	80%	75%	65%	80%	80%	65%	65%	70%	60%	60%	65%
Mdl. Mgt.	65%	75%	65%	60%	75%	70%	70%	75%	75%	60%	65%	55%
Frontline	55%	75%	60%	55%	55%	60%	45%	60%	50%	45%	70%	50%
All Grades	65%	75%	70%	65%	71%	75%	65%	66%	70%	61%	66%	60%

Comment

Highest

Lowest

Directors	* Downward Flow * Vision	* Communication Skills * Upward Flow
Management (Senior)	* Downward Flow * Helpful Geography * Vision	* Upward Flow * Apt. Admin. * Communication
Management (Middle)	* Vision * Helpful Geography	* Communication Skills * Upward Flow
Frontline	* Vision * Downward Flow	* Communication Skills * Supportive Teamwork

Communication Audit

EASTERN HEALTH BOARD

The Communication Audit was carried out in six of the Board's centres. A total of 140 staff were surveyed with 101 responses (72%) received from the following groups - medical, nursing, domestic and care staff, social workers, psychologists, occupational therapists, clerical and administrative, senior management.

The Results

The results of the Communication Audit are set out in Tables B & C (pages 31 & 32) showing:-

- * Average scores recorded
 - * Maximum scores recorded
 - * Minimum scores recorded
1. The total score in category 1 refers to **Communication for sharing the compelling vision** - which means finding a viable identity for the organisation and ensuring that this is persuasively communicated. Organisations which score highly in this area are sensitive to the external environment; have a compelling vision for the future; and have persuasive managers with the communication strategies and skills to encourage people to play a part in transforming the vision into reality.

The survey results rated the Board at 52% of optimum performance on this criterion. The maximum score in this category was at 68% of the optimum performance as rated by senior management with the lowest score at 33% of optimum performance rated by senior service providers.

Category 1 is subdivided into 3 sections as follows:-

1a. Sensitivity to the External Environment

Organisations need to communicate with their environment. This means identifying opportunities, being alert to threats, and projecting their image well. Information from the environment is important to help keep organisations on track. The aim is to create an 'open system' which constantly adapts to changing circumstances. Everyone should keep their eyes and ears open. The malfunction of this component causes the blockage **Insensitivity to the External Environment.**

The survey results rated the Board at 51% of optimum performance on this criterion. Maximum score was at 59% of optimum performance with minimum score at 36% of optimum performance.

1b. Compelling Vision

Senior management must communicate the identity of the organisation and define where it is heading. This needs to be expressed as a 'vision of the future' that is seen to be important, coherent and sustainable. When this does not

exist, people are inadequately led, are aimless and demotivated. The 'vision' is the primary energising force in the organisation. The malfunction of this component causes the blockage **Lack of Compelling Vision**.

The survey results rated the Board at 52% of optimum performance on this criterion. Maximum score was at 77% of optimum performance with minimum score at 33% of optimum performance.

1c. Persuasive management

Managers must have the communication strategies and skills to encourage people to play a part in transforming the 'vision' into reality. Persuasion shapes attitudes, changes of behaviour, instills standards and builds a positive climate. Managers should be able to 'sell' the importance of working together for a common cause. The malfunction of this component causes the blockage **Unpersuasive Management**.

The survey results rated the Board at 53% of optimum performance. Maximum score was 67% of optimum performance with minimum score of 31% of optimum performance.

2. The total score in category 2 refers to **communication for effective integration of effort** which means energy and effort pushing in the same direction. Organisations which score highly in this area have communication mechanisms in place to integrate specialists, departments and groups so that they

work together for the benefit of the organisation as a whole. Such integration is aided by healthy geography - local geography greatly influences communication patterns. Essential to overcoming problems of integration is a good downward flow of information - objectives, policies, procedures, success measures, controls and directives all need to be reliably cascaded down to all levels.

The survey results rated the Board at 53% of optimum performance on this criterion. The maximum score in this category was at 73% of optimum performance with the lowest score at 37% of optimum performance. As with Category 1 the maximum and minimum scores were recorded by senior management and senior service providers respectively.

Category 2 is subdivided into 3 sections as follows:-

2a. Integrating mechanisms

Organisations include specialist departments and groups. All these must be integrated, so that they work together for the benefit of the organisation as a whole. Communication mechanisms need to be devised to enable necessary integration to take place. The malfunction of this component causes the blockage **Disintegration**.

The survey results rated the Board at 53% of optimum performance on this criterion. Maximum score was at 72% of optimum performance with minimum score of 38% of optimum performance.

2b. Helpful geography

Local geography greatly influences communication patterns. Individual work patterns should be helped by the layout of the workplace. Teams should be physically close and relate easily with other teams across boundaries. At the organisational level, divisional and international communication problems are commonplace. The malfunction of this component causes the blockage **Unhelpful Geography**.

The survey results rated the Board at 60% of optimum performance on this criterion. Maximum score was at 76% of optimum performance with minimum score of 41%.

2c. Downward flows

The majority of large organisations are hierarchical and power is centralised at the top. This means that only those with seniority can see the whole picture. Objectives, policies, procedures, disciplines, success measures, controls and directives all need to be reliably cascaded down. This is an essential integrating force. The malfunction of this component causes the blockage **Defective Downward Flow**.

The survey results rated the Board at 47% of optimum performance on this criterion. Maximum score was at 70% of optimum performance with minimum score of 31%.

- 3.** The score in category 3 refers to **communication for sustaining a healthy community** - which means having people

working for the organisation, not against it. Organisations which score highly in this area are characterised by high trust, which is based on managers being honest, consistent and realistic; following through and acting fairly and decently. In healthy communities there is a lack of prejudice and unfairness, both of which undermine a sense of teamwork. Teamwork in all its forms is essential, as it gives people a sense of personal worth and provides the support needed to share ideas, agree objectives, develop plans and use others' strengths.

The survey results rated the Board at 58% of optimum performance on this criterion. This was the highest score of the four categories audited. The maximum score in this category was at 80% of optimum performance as rated by senior management with the lowest score at 48% of optimum performance as rated by a group of managers of a professional grade.

Category 3 is subdivided into 3 sections as follows:-

3a. High Trust

Trust means that people know that they can rely on each other. Trust is vital for sustaining a healthy community by stimulating constructive relationships and encouraging goodwill. Trust is based on managers being honest, consistent, realistic, following through and acting fairly and decently. Trust is built when leaders behave with integrity and principle. The malfunction of this component causes the blockage **Low Trust**.

The survey results rated the Board at 51% of optimum performance on this criterion. Maximum score was at 75% of optimum performance with minimum score of 33%.

3b. Lack of Prejudice

Healthy communities are based on the principle of fairness. The most common kinds of prejudice are racial, sexual, religious and between social classes. Prejudice is destructive because it increases social distance. Unfairness undermines a sense of unity. The malfunction of this component causes the blockage. **Prejudice.**

The survey results rated the Board at 62% of optimum performance on this criterion. Maximum score was at 86% of optimum performance with minimum score of 51%.

3c. Supportive Teamwork

Teamwork, in all its forms, is essential in healthy communities as it gives people a sense of personal worth and provides the support needed to share ideas, agree objectives, develop plans and use others' strengths. Negative relationships destroy teamwork by undermining the quality of human support and generating defensiveness. The malfunction of this component causes the blockage. **Unsupportive Teamwork.**

The survey results rated the Board at 63% of optimum performance on this criterion. Maximum score was at 79% of optimum performance with minimum score of 51%.

4. The score in category 4 refers to **communication for intelligent decision making** which means efficiently collecting, structuring and transmitting relevant information to those with power. Organisations which score highly in this area are characterised by being responsive, and encourage data to flow upwards so that management knows what is going on. Such organisations do not have excessively cumbersome and costly channels for communication and their staff have the personal skills to communicate well.

The survey results rated the Board at 53% of optimum performance on this criterion. Maximum score was at 65% of optimum performance as rated by senior management with the lowest score at 43% of optimum performance rated by a group of staff of all grades in a joint programme facility.

Category 4 is subdivided into 3 sections as follows:-

4a. Upward flow

Management needs to receive communication from below. This means being in touch with all employees. Management needs to gather data from below for five reasons: (i) to collect information about strengths, weaknesses, opportunities and threats; (ii) to harvest ideas and creativity;

(iii) to take the temperature of the organisation; (iv) to be open to challenge; and (v) to be seen to be responsive. The malfunction of this component causes the blockage: **Defective Upward Flow.**

The survey results rated the Board at 51% of optimum performance on this criterion. Maximum score was at 63% of optimum performance with minimum score of 43%.

4b. Apt Administration

Channels of decision-making and communication can become slow and inefficient; much unnecessary communication can take place. Tortuous and wasteful communication is 'red tape'; it consumes time and generates frustration. 'Red tape' needs to be fought and defeated but, like weeds in a garden, it easily grows again! The malfunction of this component causes the blockage: **Inapt Administration.**

The survey results rated the Board at 57% of optimum performance on this criterion. Maximum score was at 68% of optimum performance with minimum score of 51%.

4c. Communication Skills

Individual communication skills, both oral and written, are the foundation of effective organisational communication. Individuals need to be able to express themselves effectively otherwise mistakes occur, opportunities are missed, and poor decisions are made. The malfunction of this component causes the blockage: **Inadequate Communication skills.**

The survey results rated the Board at 52% of optimum performance on this criterion. Maximum score was at 63% of optimum performance with minimum score at 39%.

So What Does This All Mean ?

The results of this audit suggest that those surveyed see the Health Board as achieving slightly above the half way mark in all of the communication areas discussed. The highest scores are in the healthy community area suggesting a low level of prejudice and unfairness. Good and supportive teamwork are also seen as communication strengths of the service. It is interesting that helpful geography is also seen as a communication strength and suggests again effective teamwork and a sense of team.

The blockages suggested by the audit are as follows:-

- | | |
|--|----------------|
| * Insensitivity to the External Environment. | 51% of optimum |
| * Lack of Compelling Vision. | 52% of optimum |
| * Unpersuasive Management. | 53% of optimum |
| * Disintegration. | 53% of optimum |
| * Defective Downward Flow. | 47% of optimum |
| * Low Trust. | 51% of optimum |
| * Defective Upward Flow. | 51% of optimum |
| * Inadequate Communication Skills | 52% of optimum |

TABLE B

COMMUNICATION AUDIT

EASTERN HEALTH BOARD

RESULTS AS % OF OPTIMUM PERFORMANCE BY MAIN CATEGORIES.

CATEGORY

	Compelling Vision	Integrated Effort	Healthy Community	Intelligent Decisions
	1	2	3	4
Average Score	52%	53%	58%	53%
Maximum Score	68%	73%	80%	65%
Minimum Score	33%	37%	48%	43%

TABLE C

COMMUNICATION AUDIT

EASTERN HEALTH BOARD

RESULTS AS % OF OPTIMUM PERFORMANCE BY SUB CATEGORIES

CATEGORY

	Compelling Vision			Integrated Effort			Healthy Community			Intelligent Decisions		
	1			2			3			4		
	A	B	C	A	B	C	A	B	C	A	B	C
Average Score %	51	52	53	53	60	47	51	62	63	51	57	52
Maximum Score %	59	77	67	72	76	70	75	86	79	65	68	63
Minimum Score %	36	33	31	38	41	31	33	51	51	43	51	39

Conclusions

The audit therefore has shown that there were blockages in upward and downward flow, that there was insufficient sensitivity to the external environment and that there was a need to develop trust further. David Francis (1989) had provided the research instrument used in the audit. He has also written a companion volume on the application of remedies for unblocking organisational communication. These activities are designed to address differing communications blockages.

In general Francis has designed team activities which are applied at different levels of organisations depending on the blockage identified. We researched these 50 activities recommended by Francis and identified those that are relevant to the identified problems areas. There follows a list of the Boards blockages and the activities which are recommended by Francis to unblock these areas:

BLOCKAGE

ACTIVITY

Downward flow

Clarifying corporate values.

Management roles questionnaire.

Upward flow

Manage your boss: meetings.

Satisfaction at work - a consensus seeking task.

Insensitivity to the external environment

Customer service audit.

Strategic intelligence check list.

Threats audit.

Comparative structure analysis.

Trust

Satisfaction at work, a consensus seeking task.

These activities may be targeted at different management levels within the organisation and involve a facilitated workshop format. Each workshop has a different time scale but most can be completed within one and a half hours, some require a half day workshop. A lot could be achieved in this regard by holding a one day workshop for different management levels within the board:

We gave serious consideration to piloting this approach within the Board. However the group concluded that we needed to take a broader strategic look at communications within the Board. It was decided to look for feed back and creative thinking from management within the organisation. With this in mind a seminar on communications for senior and middle management personnel was arranged.

The Workshop

1. The audit results show that those surveyed see the EHB as achieving slightly above the half-way mark in all the communication categories. This positive result should be highlighted, in particular the high scores recorded under 2B helpful geography, 3B lack of prejudice, 3C supportive teamwork and 4B apt administration. The Boards strengths therefore are the absence of prejudice and unfairness and good and supportive teamwork. The 'red tape syndrome' has not taken over, neither has the geography of the organisation proved unhelpful, again suggesting effective teamwork and sense of team.

2. It is important to build on the above strengths while at the same time making a concerted effort in the areas where blockages were identified namely:-

Upward Flow

Downward Flow

Trust

Sensitivity to the External Environment

3. To address these issues we decided to hold a half day workshop to review the findings and develop strategies for improving communication. The objective of the workshop was to generate solutions and ideas for improved communication and to allow those involved to participate in the process. Having discussed the matter with the Personnel

Officer we invited each Programme Manager and Functional Officer to nominate representatives from each department as we felt that in this way we would get a broad perspective on improving communications for the future.

4. We planned the morning allowing most of the time for participants to work in three small groups following a general introduction to the topic. Each group was assigned the four areas of blockage i.e. Upward Flow, Downward Flow, Trust and Insensitivity to the External Environment. Through a series of pre-prepared questions their views and ideas were solicited for improvement in these areas. The feedback from the workshop is set out hereunder, under the different categories with Upward and Downward flow taken together.

5. **Upward Downward Flow**

Information from above is inconsistent

- * Received through circulars, grapevine and rumour machine.
- * Perceived veil of secrecy.
- * Information is power - tendency to hold on to it.
- * No structure in place to communicate effectively.
- * Lack of clarity.
- * Personal and professional isolation.
- * Organisation's compelling vision - where is it?
- * Leader visibility.
- * Communication is defensive and reactive.
- * Communication should be proactive.
- * Culture needs to change.
- * Need for staff training.

Keywords

Consistent, Openness, Power, Structure, Clarity, Isolation, Vision, Leader visibility, Culture, Training, Proactive Communication.

6. Trust

Primary problems identified leading to lack of trust.

- * Fear.
- * Self protection.
- * Information is power
- * Place in the organisation - sense of importance or lack of importance.
- * Suspicion among different professionals.
- * Political struggles.
- * Consensus approach to decision-making.
- * Culture of the organisation.
- * Lack of structures.
- * Appraisal system.
- * Forums for communication between different professional groups.

Keywords

Fear, Protection, Power, Place, Suspicion, Political, Consensus approach, Culture, Structures, Appraisal system.

The groups identified what they felt led to lack of trust. Primary among these problems is Fear. In an hierarchical organisation such as the Health Board it is natural for people with less power to be

reluctant to admit to weakness or mistakes because they fear the consequences of that admission. Therefore self protection may often be at the root of failure to trust others with information. 'Information is power' is a truism and one which the group felt was very relevant to the Health Board organisation. There was a suggestion that the perceived failure to pass down information from above gave rise to a perception that those on the lower rungs of the ladder had little importance in the general structure of the organisation. That people are often faced with dilemmas was apparent as they described how sometimes information was passed to them but with the dictate that the information should not be passed on.

The suggestion that suspicion played a part in preventing good communication arose. This was noted to be a problem not only within the direct line of management but also in regard to lateral communication. It was felt that the professional groupings within the organisation often tended to be suspicious of each other. The large part played by politics within the organisation was also highlighted. Employees are often involved in political struggles and there is no certainty that all participants will share a common goal.

Reference was made to distrust created by autocratic management methods. It was felt that while most recognised the need for a final decision maker, it would be better if the decision-making process used a consensus approach so that people would be aware of the factors requiring consideration when arriving at a decision.

The concern of the groups then turned to how structures could be put in place to help the people in the organisation to talk to each other. In discussing possible systems which would allow dissemination of clear information both upwards and downwards the question of appraisal was raised. Many participants felt that the culture of the organisation is such that only mistakes are noticed "No one ever tells us how well we're doing". There was some debate as to whether appraisal should be formal or informal. It was felt that without a formal structure appraisal would be unlikely to work. Several reasons for this were given including the suspicion of, for instance, a manager who attempts appraisal when this is not the norm for others. As one participant noted "we look for hidden agendas and find them even where none exist". It was felt that an appraisal system, formally structured, and emphasising support, identification of training needs, and future planning would be welcomed. Such appraisals would also be an opportunity to communicate policies and discuss the consequences of such policies for individuals and departments. It would also allow upward flow of ideas, opinions and problems.

7. Sensitivity to External Environment

- * Overly defensive towards external feedback - commentary.
- * React rather than respond.
- * Ambivalence in Senior Management to Health Strategy.
- * Health Strategy both threat and opportunity.
- * Over reactive to political pressure.
- * Poor at informing public of plans/activities.
- * Not proactive enough in seeking feedback from users.

- * Too inward looking.
- * Not sufficiently aware of the external environment.

Keywords

React, Respond, Ambivalence, Health Strategy, Threat/Opportunity, Political Pressure, Information to Public, Feedback from Users, Inward Looking, Awareness of External Environment.

The workshop participants recognised that the Eastern Health Board, as an organisation is inevitably influenced by a multiplicity of external pressures. However rather than trying to meet such pressures and even to anticipate them the organisation reacts in an overly defensive manner. Many such external stimuli will have the potential to act both as opportunities and threats to the organisation. The Health Strategy was cited as one such stimulus.

That consumer awareness should be fostered and used positively was emphasised. This is a two way process, the public should be informed of the plans and activities of the organisation and the organisation should seek the views of the public, and modify its plans and activities accordingly.

It was recognised that the Board has tried to increase the accessibility of information to the public but the group felt that this change of attitude was only in a very early stage and that much greater emphasis should be placed on future developments in this area.

RECOMMENDATIONS

1) Introduction

The purpose of our action learning project was "To develop a model of communication competence". An effective communication system is defined as follows:-

- 1) Reflects the thinking of top management.
- 2) Provides the information and understanding necessary for team work.
- 3) Promotes the attitudes necessary for motivation, co-operation and job satisfaction.

The communication audit conducted highlighted strengths and weaknesses in the Board and the findings were reviewed at the Communication Workshop. The following strategies for improving communication are based on recommendations from the workshop and on research and practical experience gained from the Action Learning Project.

1) Team Briefing

Our main recommendation is the adoption of Team Briefing as the major communication tool within the Board. The purpose of Team Briefing is to ensure that all staff know and understand what they and others in the organisation are doing and why.

What is Team Briefing?

Team Briefing is a systematic and flexible process which ensures that all staff members are kept informed of issues which affect them and their jobs. It operates on the basis of six principles.

Six Principles of Team Briefing

The Team Briefing Programme should be implemented by all managers in the Board using the principle(s) most suitable to the local area.

1. **Face to Face:** Each manager should be available in so far as possible to meet staff on a one to one basis. This allows question and answer, vital for clarity of understanding.
2. **By the Team Supervisor:** The person who briefs must be the line manager, supervisor of the team, who is responsible and is held accountable for ensuring the briefing works in the immediate area.
3. **In Small Teams:** It is important to ensure that the team is small enough for effective briefing (4 - 15) and encourages constructive comments and questions.
4. **Regularity:** Briefing must be regular with dates set. Regularity promotes a balance between good and bad news and is a vital element in creating credibility and commitment.
5. **Relevance:** The information which ensures attention and commitment is that which affects the team's performance.

The 'local briefing' should make up two-thirds of the information. 'Core briefing' i.e. briefing on general policy and strategic decisions likely to impact on the local area should comprise most of the remainder. In addition the opportunity should be taken to gather reaction and responses to be relayed back up through the management structure.

6. **Monitoring:** Each manager must monitor their own effectiveness in briefing staff and ensuring that in turn their staff are in a position to continue the cascading process. Such monitoring is vital to ensure full benefit from the process.

What to talk about/4 main points

Progress, People, Points for Action, Policy.

Progress: Yardsticks of performance, eg. this month's achievements in savings, new services, quality index.

People: Who is coming, going, transfers, promotion.

Points for Action: Quality, safety, emergency procedures.

Policy: Change in systems, routines, new deadline, pension arrangements, legislation, development programmes.

Benefits

Four major benefits can be highlighted.

- 1) **Reinforces the role of the manager.**
- 2) **Reduces misunderstandings:-** A clear explanation of the purpose of the service and why things are happening limits the possibility of misunderstandings and the delay caused by same.
- 3) **Disarms the grapevine:-** The grapevine always puts a more destructive interpretation on the reasons for decisions, unless facts are clearly and credibly explained.
- 4) **Achieves improved commitment:-** When people understand the reasons for decisions, and the importance of their contribution, their commitment and enthusiasm increases.

Our project, as endorsed by the Chief Executive Officer, together with feedback from the Communication Audit and Workshop confirms the need for some formal communication initiative within the Eastern Health Board. This initiative we believe should be in the form of a Team Briefing Programme which can address both upward and downward communication flow.

The adoption of Team Briefing as the major communication tool in the Board will necessitate a major cultural switch, something that cannot be achieved overnight. This initiative must be led from the

top but with support from all levels. The system should be piloted in at least one location/department.

2) Induction

With a staff of over 8,000 comprised of various grades, both professional and non professional, information given on one day can shape an individual's career path, and indeed more importantly their attitude to the Board as employer. It is therefore very important that the opportunity be taken by the Board to provide clear, concise and useful information to new employees. This can be done in the form of an Induction Pack and the group are very pleased to note that this initiative has already been taken on board by our Personnel Department and that an Induction Pack is in preparation.

We recommend that this Induction Pack form an integral part of the induction training process for all new employees. Furthermore we recommend that such an Induction Pack be updated at regular intervals and that such updating should include feedback from employees who have already used the pack.

3) Staff Appraisal System

The development of a staff appraisal system, independent of, and less formal than, the current system of certification of service for the purpose of incremental credit, would allow for feedback to staff and management on performance and could prove a useful aid to improving upward and downward flow, and increasing trust.

We are interested to note that previous participants of the Diploma in Health Care Management chose "Staff Motivation and Performance Review" as their action learning project (E.H.B. 1992). We strongly recommend that this report be implemented.

4) **Discussion Forums**

A frequently heard comment from staff who participated in the Communication Workshop was that this was their first and a very valued opportunity to participate in, and contribute to this type of a forum. In addition to the value of the discussion outcomes, there was a benefit to participants in terms of increased understandings that all sectors of the organisation perceived similar problems. The participation of people from all programmes and functions provided an opportunity for lateral communication. Workshops on similar topics of general interest should be run on at least an annual basis.

5) **Contacts - Staff Magazine of the Eastern Health Board**

Recent improvements in the format, content and distribution of **Contacts** have shown how effective this magazine can be as a communication tool. The publication is widely read by employees of the Board. In order to further enhance its effectiveness we recommend that a readership panel be instituted to work with the editorial board to give consumer feedback. The content of future editions of the magazine should be based largely on this consumer feedback.

6) Customer Service

It is recommended that a training programme be initiated for staff who deal with the public on a daily basis. This could include secondment to the Customer Services Department for short placements thus helping the customer service ethos to permeate the organisation. This would have the dual benefit of familiarising staff with central functions and also would help to increase the organisation's sensitivity to the external environment.

7) Facilitated Workshops

It is recommended that the Board look at the possibility of enhancing the profile of communication within the organisation. Francis (1992) provides a number of management exercises in order to help organisations look at particular communication problems. Some of these activities are specifically geared for unblocking upward and downward flow, for making the organisation more sensitive to the external environment and for developing trust within organisations. These activities are best carried out in workshops and require that both facilitators and time be allocated to the tasks involved. If the Board chooses this option the 'Eastern Health Board Project Group' would be prepared to facilitate such workshops. This would require that a strategic plan on behalf of the Board be agreed with senior management and then implemented over a series of months. We recommend that the Board consider the possibility of such a pilot project.

REFERENCES

- Bagley C. et al. 1975** Communication and Satisfaction in Organisations.
Human Relations 28 (7) 611 - 626.
- Drucker P. 1974** Managerial Communications, Chapter in Management - Tasks, Responsibility, Practices. Heinemann. London.
- E.H.B. 1992** Staff Motivation and Performance Review: A report on action learning project for health service managers development programme Eastern Health Board.
- Epi Info. 1990** Public Domain Software for Epidemiology and Disease Surveillance. Centre for Disease Control, Atlanta Georgia, World Health Organisation, Geneva, Switzerland.
- Francis D. 1989** Unblocking Organisational Communication. Gower, London.
- Francis D. 1992** Fifty Activities for Unblocking Organisational Communication. Gower, London.
- Koontz H. & Weihrich 1988** Management. McGraw Hill

- Mishra J. 1991** The Grapevine.
Indian Journal of Public Administration
(36:2, 319 - 332).
- Perkins G. 1986** Employee Communications in the Public
(Editor) Sector. London: Institute of Personnel
Management.
- Reeves T. K. 1978** Developing an Employee Communications
Policy through Research.
J Eur. Indust. Training 3 (7): 4 - 8 1978
- Robinson S. 1990** Improving Organisational Communication.
Int. J. Public Sector Management.

APPENDIX 1

**COMMUNICATION
AS A MANAGEMENT ACTIVITY
IN THE WORKPLACE**

**A STRATEGY FOR THE EASTERN
HEALTH BOARD/HOSPITALLER ORDER
OF ST. JOHN OF GOD**

PURPOSE

To develop a model of Communication Competence.

An effective communication system:-

- 1) Reflects the thinking of top management.
- 2) Provides the information and understanding necessary for team effort.
- 3) Promotes the attitudes necessary for motivation, co-operation and job satisfaction.

AREAS TO BE INVESTIGATED

- 1) What are the standards that govern general communication i.e. what information is given top priority?
- 2) What plans are in place for communication i.e. are there procedures in place through which people can be expected to be informed?
- 3) How effective are the structures that are in place.

STAGES OF THE PROJECT

- 1) Research models of communication systems that are in place in organisations.
- 2) Design a format of evaluating standards in place currently in the Eastern Health Board and in the services of the Hospitaller Order of St. John of God.
- 3) Develop a model of communication competence.
- 4) Pilot model and evaluate its effectiveness.
- 5) Make recommendations in relation to implementation of model.

BENEFITS OF THE PROJECT

- 1) As Managers, each of us have a responsibility to ensure that information is clearly and effectively communicated and received.
- 2) Through this project, the group will meet it's aim for action learning by research, planning and implementation.

CUSTOMER COMPLAINTS

**A STRATEGY FOR THE EASTERN
HEALTH BOARD/HOSPITALLER ORDER
OF ST. JOHN OF GOD**

AIM:

To develop a unified strategy for handling complaints from the public and to use the information obtained to improve service provision.

OBJECTIVES:

- (1) To develop a fair and equitable standard internal procedure for the handling of complaints.
- (2) To make the procedure accessible to the general public.
- (3) To develop an ongoing mechanism for the monitoring and analysis of complaints.
- (4) To develop systems for feedback to both service managers and senior management so that trends revealed by the analysis of complaints can lead to appropriate changes.

WHY a complaint's procedure:

- (1) As health service providers, it is important that complaints are dealt with fairly. A customer service ethos is desirable.
- (2) To identify the needs of the public and gaps in the service.
- (3) To promote equity within the service.
- (4) To promote good customer oriented practices.
- (5) To give staff guidance in dealing with complaints.
- (6) To provide assistance/advocacy for disadvantaged clients.

WHY THIS PROJECT ?

- (1) Project is challenging.
- (2) Project is of relevance to both organisations.
- (3) All members of group can contribute to it.
- (4) Addresses key values of both services and should result in practice improvement to services.
- (5) The Eastern Health Board Customer Services Department is newly established. The Hospitaller Order of St. John of God has a Quality in Action Programme, so this project is timely.

INFORMATION FROM CUSTOMER SERVICES DEPARTMENT I.

People attend the Customer Service Department with complaints because:

- a) There is no uniform procedure.
- b) They are uncertain how to instigate complaints.
- c) They may have difficulty in accessing individuals with authority to solve their problems.
- d) Staff of Customer Services Department would welcome such a project.

**INFORMATION FROM CUSTOMER
SERVICES DEPARTMENT II**

Common complaints received:-

Staff attitude

Medical Card Reviews

Complicated paperwork

But more formal analysis would be of benefit.

PROJECT DESIGN

- 1) Literature.
- 2) Examine procedure in other organisations.
- 3) Analysis of complaints received through customer services department and survey of complaints received through other services.
- 4) Recommendations for implementation of a complaints procedure.
- 5) Recommendations for development of a feedback mechanism to management.
- 6) Pilot new complaints procedure in Customers Services Department.
- 7) Produce a standardized complaints procedure which would be usable within both organisations.



APPENDIX 2

AUDIT OF COMMUNICATION EFFECTIVENESS

Good communication is vitally important. This survey will help to provide the information needed to improve communication in the organization.

Please fill out the questionnaire with care and honesty – the intention is to benefit everyone. Individual results are never identified by name so details remain strictly confidential.

Below you will find a definition of the organization being reviewed by this survey. Keep this in mind throughout. (If the box has not been completed please define the part of the organization that you are reviewing in the box before you proceed further.)

The organization being reviewed is:

EASTERN HEALTH BOARD

Instructions for completion

On the following sheets you will find 48 statements. Look at each statement and circle the appropriate response in each case:

1. To little or no extent
2. To a slight extent
3. To a moderate extent
4. To a great extent
5. To a very great extent.

In some cases you may feel that you do not have sufficient knowledge to be objective but please answer each statement even if you give a subjective opinion.



AUDIT OF COMMUNICATION EFFECTIVENESS (continued)

To what extent:

- | | |
|---|-----------|
| 1. Does the organization respond quickly and effectively to threats and opportunities? | 1 2 3 4 5 |
| 2. Does the senior management group demonstrate that it has a clear vision of where the organization is going? | 1 2 3 4 5 |
| 3. Is the senior management group persuasive when communicating to employees? | 1 2 3 4 5 |
| 4. Do departments within the organization co-operate well with each other? | 1 2 3 4 5 |
| 5. Does the geographical layout of the organization help people to communicate informally with each other? | 1 2 3 4 5 |
| 6. Are there effective systems for conveying information from top management down through the organization? | 1 2 3 4 5 |
| 7. Can management be trusted to tell the truth, even when the news is bad? | 1 2 3 4 5 |
| 8. Do people feel comfortable about communicating between different status levels? | 1 2 3 4 5 |
| 9. Are people encouraged to work together in teams? | 1 2 3 4 5 |
| 10. Do managers collect information on the thoughts and feelings of the workforce? | 1 2 3 4 5 |
| 11. Are there effective rules and procedures? | 1 2 3 4 5 |
| 12. Do managers put a great deal of emphasis on maintaining a consistently high standard of written documents? | 1 2 3 4 5 |
| 13. Do people at all levels constantly look outside for new ideas to keep up-to-date? | 1 2 3 4 5 |
| 14. Would visitors be right to say 'there is a real sense of purpose here?' | 1 2 3 4 5 |
| 15. Do managers whom you come in contact with succeed in persuading their staff to work in the organization's best interests? | 1 2 3 4 5 |
| 16. Do adequate mechanisms exist to co-ordinate the work of different departments? | 1 2 3 4 5 |
| 17. Are there good facilities for holding meetings and discussions? | 1 2 3 4 5 |
| 18. Are there presentations from management so that everyone knows what is happening in the organization? | 1 2 3 4 5 |



AUDIT OF COMMUNICATION EFFECTIVENESS (continued)

To what extent:

- | | |
|---|-----------|
| 19. Is there a history of honest relationships, so management credibility is high? | 1 2 3 4 5 |
| 20. Does everyone receive equal treatment, regardless of race, colour, gender or creed? | 1 2 3 4 5 |
| 21. Do meetings achieve useful results without wasting time? | 1 2 3 4 5 |
| 22. Do managers make great efforts to keep in touch with everyone who works in their department? | 1 2 3 4 5 |
| 23. Is the information that you need (to do your job) readily available? | 1 2 3 4 5 |
| 24. Have all employees been trained to improve their skills in personal communication (written and spoken)? | 1 2 3 4 5 |
| 25. Is the organization continuously adapting to meet the changing needs of its 'customers'? | 1 2 3 4 5 |
| 26. Do you understand what the top management group want the organization to achieve? | 1 2 3 4 5 |
| 27. When changes are made, are great pains taken to explain the reasons? | 1 2 3 4 5 |
| 28. Is effective action taken to resolve inter-departmental problems? | 1 2 3 4 5 |
| 29. Is the senior management group located where it can easily be in contact with the rest of the organization? | 1 2 3 4 5 |
| 30. Is everyone frequently updated with news about the fortunes and misfortunes of the organization? | 1 2 3 4 5 |
| 31. Are management announcements accepted at face value? | 1 2 3 4 5 |
| 32. Is there a genuine dialogue between representatives of the workforce and management? | 1 2 3 4 5 |
| 33. Would it be true to say that 'this is a friendly place to work?' | 1 2 3 4 5 |
| 34. Do those lower down in the organization feel that senior management fully understands their difficulties? | 1 2 3 4 5 |
| 35. Has unnecessary paperwork been ruthlessly eliminated? | 1 2 3 4 5 |



AUDIT OF COMMUNICATION EFFECTIVENESS (concluded)

To what extent:

- | | | |
|-----|--|-----------|
| 36. | Has much effort been invested in training people to improve their personal communication skills? | 1 2 3 4 5 |
| 37. | Does the organization systematically compare its strengths and weaknesses with other similar organizations? | 1 2 3 4 5 |
| 38. | Do senior managers appear to work together with a real sense of mission? | 1 2 3 4 5 |
| 39. | Are your managers good at selling ideas? | 1 2 3 4 5 |
| 40. | Is there a spirit of real co-operation between your group and other departments? | 1 2 3 4 5 |
| 41. | Can you easily get access to people that you need to talk with? | 1 2 3 4 5 |
| 42. | Have you been well briefed about what is happening in the organization? | 1 2 3 4 5 |
| 43. | Do you feel that top management takes responsibility for the well-being of all employees? | 1 2 3 4 5 |
| 44. | Do you feel that you are treated as 'an equal' (there is no discrimination on the grounds of gender, age, religion, race, etc.)? | 1 2 3 4 5 |
| 45. | Do you work as a member of a close-knit team? | 1 2 3 4 5 |
| 46. | Do your managers listen to your ideas and views? | 1 2 3 4 5 |
| 47. | Do you avoid spending excessive amounts of time dealing with 'unnecessary' paperwork? | 1 2 3 4 5 |
| 48. | Have you been trained in the skills of communicating effectively with others? | 1 2 3 4 5 |

and three questions to help in the analysis of the results

49. Where is your site?
50. Which function or department do you work in?
51. What level are you within the organization?



**EASTERN
HEALTH
BOARD**

BORD
SLAINTE
AN OIRTHIR

APPENDIX 3

DR STEEVENS' HOSPITAL DUBLIN 8 Tel 679 0700 Fax 671 0565

SPECIAL HOSPITAL CARE PROGRAMME

31st January, 1994.

Dear Colleague,

I am at present involved in a Health Care Management Course part of which is an evaluation of the communication systems within our organisation. The project has the support of the Chief Executive Officer and Management Team.

Enclosed is a communication questionnaire which is intended to audit communication effectiveness. This is a previously validated questionnaire (Ref - Dave Francis - 50 Activities for Unblocking Organisational Communication Volume 2).

I would very much appreciate your co-operation in completing this questionnaire and would be grateful if you would please return the completed form in the attached envelope by 14th February, 1994.

Please note that this questionnaire is totally confidential.

Yours sincerely,

Carmel Keaveny,

Enc.

**HOSPITALLER ORDER
OF
ST. JOHN OF GOD**



**Guidelines
for
INFORMATION SHARING**

INTRODUCTION

This booklet is for use within the Centres and Services operated by the Brothers of St. John of God. The booklet is designed for Directors, Managers and Supervisors who have responsibility for information sharing, with the aim of achieving a regular flow of information throughout the Order's Services so that staff at every level are regularly informed of matters pertinent to their job and/or of general interest to them.

The sharing of information is one vital aspect of good communication. This booklet attempts to outline how and when the information sharing system should be undertaken and the positive steps needed to introduce the principles of the system.

Our gratitude and appreciation are due to many people who have contributed to the development of this Information Sharing system. Our thanks in particular to Fergus McGovern, Chief Executive of Telecom Eireann and to Sean Mistéal, also of Telecom Eireann who between them provided the structure for the system, shared their skills with us and encouraged our endeavours. Our thanks to John Pepper for his work on the project, and to those Brothers and staff members who offered suggestions and advice.

January 1989.

INFORMATION SHARING

(A system for Communicating)

1. Communication

Communication is informing and getting understanding with the aim of bringing about action. There is no communication unless the recipient understands the message and is persuaded to act upon it.

2. Why Communicate?

The purpose in developing this Information Sharing system is to ensure that staff are supplied with the information they need to enable them to become involved and to do their jobs effectively. Failure to communicate may cost the Order in terms of time, morale, effectiveness, efficiency, and hinder the achievement of the Order's mission.

3. How Should We Communicate?

It is the task of the leadership at each Centre/Service to pass on information, to check understanding and to bring about action.

To meet this objective the Order has adopted this Information Sharing system as a normal way of passing on information.

4. Principles of Information Sharing

Information Sharing is a systematic and flexible method which is designed to ensure that all staff are kept informed by their Supervisors about issues that affect them and their jobs.

Information Sharing is based on the following principles:

- Information is shared in staff groups or teams.
- Information is shared by the team's own Supervisor.
- Information is shared 'face to face' and as close as possible to the team's workplace.
- Information is shared regularly and consistently.
- Information shared with the teams is relevant to the staff.
- Information Sharing system is monitored and evaluated constantly.

5. The Benefits Of The Information Sharing System Are:

- Reinforces the role of the Director / Manager / Supervisor (Leaders);
- Reduces misunderstanding;
- Improves commitment;
- Increases co-operation (particularly when change is needed);
- Disarms the "grapevine"

6. How Information Sharing Works

The Director / Manager / Supervisor meets with his/her team on a regular basis to explain, in an open and honest way, matters which directly affect the work and morale of the team(s).

The subjects suitable for Information Sharing can conveniently be grouped as follows:

- People
- Policy
- Progress
- Points for action

Managers and Supervisors are frequently required to pass on information which has originated from a variety of sources, such as the Provincial, Provincial Administration, the Director, the Management Team, the Safety Committee, the Social Committee, etc. As the information moves downwards through the structure, Managers / Supervisors at each level add information which is local and relevant to their team and department.

The input of local information is crucial to the success of Information Sharing. The content of the information given by the Manager or Supervisor to the team should include:

- Information which relates to all the Services of the Order.
- Information which is local.
- Information about other items.

Information Sharing follows the general principle that the information sharer must be the Manager or Supervisor who is accountable for the work of the team. It is important, therefore, that this person is the one who shares the information with the group/team.

7. Hints When Receiving Information

- Remember that you are there to learn and understand.
- Make sure that you receive a copy of any handout and make notes as appropriate.
- Be sure you understand the message and its relevance.
- Ask questions for clarification.
- Note examples, explanations, details, reasons and anticipate your team's questions.
- Discuss your own local input which you intend adding, with your Manager/Supervisor.

8. Hints For The Preparation Of Information

Each Manager / Supervisor should maintain a folder containing:

- A list of the staff members in the team.
- Copies of notes of previous Information Sharing sessions.
- A list of the questions not answered during the last Information Sharing. Written answers to these questions should also be retained.
- Notes and reminders of policies or procedures, points for action, etc.
- Notes taken when given information by the Director / Manager / Supervisor.
- Identify an example from your own department to illustrate a point.
- Prepare local information relating to your Centre / Department.
- Keep a balance between good news and bad news.
- When possible, prepare visual aids to help make a point.
- Ensure that 'handouts' are prepared and available.

9. Hints For Sharing The Information With The Team

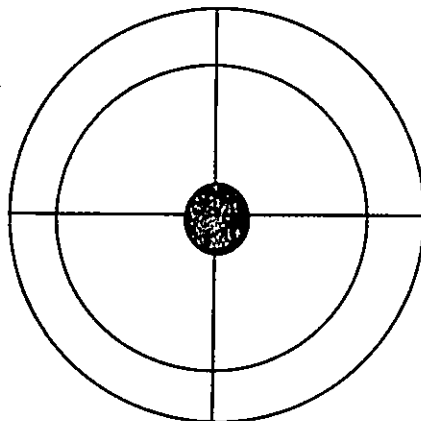
- Have your notes with you.
- Introduction - welcome everyone - introduce new member(s) - thank everyone for coming.
- Assure the team that they can ask questions on the information being given to them.



EASTERN HEALTH BOARD

COMMUNICATION WORKSHOP

Targeting our systems of communicating



Nobody
told me that it was
on!

5 July 1994 9 am - 12.30 pm
Dr Steevens' Hospital

Dear Colleague

We are pleased that you will be able to participate in this Communications Workshop. By communication we mean the manner in which we share information with each other. We are not concerned with the technology of communications (phone, fax etc), but with the techniques of communicating at the interpersonal level within an organisation. Organisations need people to share information. The better the information is communicated the more effective the organisation becomes.

An audit of communication effectiveness has been undertaken within the Board, and within the Hospitaller Order of St John of God. It has revealed certain strengths and weaknesses and these will be presented at the workshop. You will then have an opportunity to explore the key elements of communication as it affects your particular work setting and the organisation as a whole. The workshop should help you identify ways in which you can:

- get staff to pull together in the same direction*
- make changes more easily*
- give people the information they need to do the job*
- gain control over what is going on*
- reduce the risk of big mistakes*
- show staff that what they do is worthwhile*

Tuesday 5 July 1994

- 9.00 am** Registration
- 9.15 am** Official Opening
- 9.30 am** Introduction to and
presentation of results of
communication audit
- 10.15 am** Coffee
- 10.45 am** Workshops
- 11.45 am** Feedback from workshops
- 12.00 pm** Plenary session
- 12.30 pm** Close

ABOUT THE WORKSHOP FACILITATORS

We are all participants on the *Diploma in Health Care Management Course* in the Institute of Public Administration. In consultation with Mr Hickey, Chief Executive Officer, we chose to take communication as our subject matter for an action learning project. Our objective is to identify practical ways in which communication can be improved within the organisation. Your participation in this workshop is an important part of that process.

Dauida De La Harpe, A/Senior Area Medical Officer
Carmel Keaveny, Senior Executive Officer
Brigid Butler, Director, Hospitaller Order of St John of God
Stephen McDermott, Principal Dental Officer
Brion Sweeney, Consultant Psychiatrist
Paul Harrison, Head Social Worker



EASTERN HEALTH BOARD

APPENDIX 6

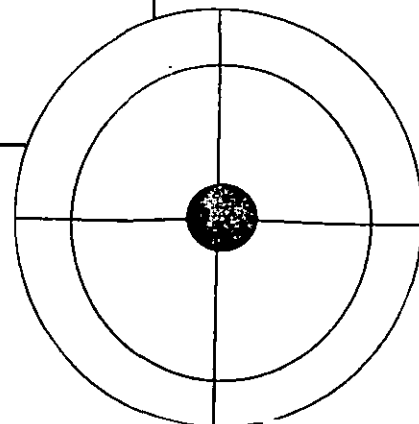
COMMUNICATION WORKSHOP

Tuesday 5 July 1994

- 9.00 am** Registration
- 9.15 am** Official Opening

- 9.30 am** Introduction to and
presentation of results of
communication audit

- 10.15 am** Coffee
- 10.45 am** Workshops
- 11.45 am** Feedback from workshops
- 12.00 pm** Plenary session
- 12.30 pm** Close



DOWNWARD FLOW AND UPWARD FLOW.

How do you get information from above?

How do you pass on information to those below you?

How do you collect information from those below you?

How do you pass on information to those above you?

Of the four above what do you feel works well?

How would we improve upward and downward flow?

INSENSITIVITY TO EXTERNAL ENVIRONMENT.

ALERTNESS - everyone in organisation is sensitive to external environment so that they can keep up to date, detect opportunities and foresee threats.

Can you think of any new external opportunities or threats in last year?

How did organisation react?

Do you feel it could have done better?

TRUST.

Would anything have to change for you to trust those above you?

How could these principles be applied to your own dealings with staff?