

Running Head: MIDDLE MANAGEMENT

The Role of Communications Departments in Supporting Middle Management

Leadership in Rural Regionalized Health Care Settings

Mark Edward Evans

Submitted to the Faculty of Extension

University of Alberta

in partial fulfillment of the requirements for the degree of

Master of Arts in Communications and Technology

Date: June 1, 2010

## Table of Contents

Table of Contents .....	2
Abstract.....	4
Introduction.....	5
Chapter 1: Literature Review .....	7
Complexity of Regionalized Health Care Settings .....	7
Role of Middle Managers in Regionalized Health Care Systems .....	10
Role of Communication in Leadership Positions in Regionalized Health Care Models .....	11
The Role of Relationships in Complex Organizations .....	13
Purpose of the Study.....	20
Objectives of the Study.....	22
Research Questions .....	22
Chapter 2: Methodology.....	24
Strengths and Potential Limitations of the Study Design .....	27
Ethical Issues and Considerations .....	28
Chapter 3: Findings .....	31
The Characteristics of Effective Relationships .....	32
Credibility .....	32
Being Present.....	33
Consistency .....	34
Empathy .....	35
Engaging Staff in Achieving Organizational Goals .....	36
Knowing Your Audience .....	37
Honesty .....	38
Trust.....	38
Types of Technology in Communication .....	39
The Importance of Face-to-Face Communication.....	40
The Use of E-mail and Videoconferencing for Effective Communication .....	41
Organizational Commitment to Effective Communication .....	45
Lack of Time .....	45
Training and Support .....	46
Consistency .....	48
Lack of Accountability .....	49
Conclusion .....	51
Chapter 4: Discussion.....	52
Successes and Strengths: The Significance of Effective Relationships .....	53
Challenges: Technology and What can be Learned From Other Organizations.....	56
Gaps: Steps to Support Effective Communication for Middle Management. ....	63
Chapter 5: Conclusion, Study Limitations and Ideas for Further Research .....	68
References.....	74
Appendices .....	78
Appendix A – Interview Questions .....	78
Appendix B – Interview Schedule.....	80
Appendix C – Participant Informed Consent Form.....	83

Appendix D - Confidentiality Agreement ..... 86

**Abstract**

Regionalization of health care across Canada resulted in health care employees functioning in increasingly complex organizations spread over large geographic areas. Middle managers in these organizations fill important communication function between senior leadership who set the goals and direction of the organization and the frontline staff members who deliver direct care. This study used grounded theory to examine the communication experiences of middle managers. Findings showed middle managers focus their communication efforts on developing effective relationships with staff members. Two main areas of improvement for successful and effective communication are identified. Creating horizontally structured and less command and control orientated organizations and focusing efforts of senior leadership on supporting effective relationships are emphasized.

## Introduction

Regionalization of the health care system in Canada is having a significant impact on how health services are delivered in Canada. Provincial governments across the country have created regional health authorities to deliver health care services in an effort to integrate services, reduce costs and centralize governance in organizations separate from the provincial government. Regionalization is changing how members of the health care organization deliver services to the public and how individuals within the health care organization relate to one another. This change in delivery has a significant effect on the middle level managers in regionalized health care organizations and how they function and communicate with staff. The middle management level of the organization is of primary focus because this level of the organization is an important link between frontline health care workers that have direct patient contact and the senior levels of management who set organizational goals and priorities. The objective of this study has been to examine the communication successes, needs, and challenges of middle management in order to understand how Communication Departments can provide support for middle managers in regionalized health care settings. Through key informant interviews with middle managers in a regionalized health care organization this study examined the strengths, success, challenges and gaps in communication for middle managers. Organizational theory as described by such authors as Wheatley (2005), Senge (2006) and Weick (1995) is applied to the findings to highlight the communication strengths and successes that occur in regionalized health care settings. Theories of organization are also applied to the communication challenges and gaps identified by middle managers to highlight opportunities to enhance communication within

regionalized health care organizations. Finally, opportunities for Communication Departments to support communication at the middle management level are identified based on the application of theories of organizational theory to the findings.

## Chapter 1: Literature Review

Middle management in integrated rural regionalized health care settings hold a pivotal role in the organization. The individuals in middle management positions function as the connection between senior leadership who set strategic direction and goals for the organization and frontline staff who work to achieve the strategic direction and goals that are set. This chapter will focus on the literature surrounding the following communication issues of middle management in regionalized health care settings:

1. The complexity of regionalized health care settings and the implications of that level of complexity for members of health care organizations;
2. Middle management's role in regionalized health care organizations; and
3. The successes and challenges associated with communication related issues for middle managers in a regionalized health care system.

### *Complexity of Regionalized Health Care Settings*

Provincial governments across Canada, including Alberta in 1994, created a regionalized health care delivery model in an effort to integrate services, reduce costs and centralize governance in organizations separate from the provincial government (Decter, 1997). Marchildon (2005) identifies three factors that are key motivators to move to regionalization: integration of the delivery of health services; achieving cost savings by rationalizing health services offered; and centralizing authority into regional organizations from local boards while shifting authority to manage health care from provincial governments to the regional authorities.

As a consequence, regionalization can affect how employees in regionalized health authorities accomplish their work. Decter (1997), for example, identifies three

trends that describe how regionalization affects frontline health care workers: It forces shifts from higher to lower staffing levels; roles change to become broader requiring a wider range of skills; and it fosters a team approach allow more lower-skilled staff to play a role supporting highly-skilled staff such as registered nurses (p. S72). Further, regionalization creates a system in which previously segregated areas of the health care system, such as acute care, public health and continuing care, are combined into one complex system. The result is that frontline employees must move into a system where each employee interacts and relies on one another across a wider and broader spectrum of health services (Decter, 1997). Baumgar (1997) and Shamian and Lightstone (1997) describe how regionalization changes the scope and role of health care workers in Canada. The integration, rationalization and decentralizing/centralizing effects of regionalization change how frontline members of the organization view their new roles as those employees find themselves working in a large, complex system. Lomas (1997), in his discussion about a regionalized health care model, highlights the need for employees in health care organizations to embrace their role as part of a system and to let go of the distinctions along professional lines, facilities and departments that used to separate them from one another. Philippon and Braithwaite (2008) describe the complexity of regionalized health care systems as:

[Regionalized] Health systems embody a rich mix of clinicians, support staff, managers, policy makers and politicians dealing with life-and-death issues in the context of rising costs and increasing technology. All these forces influence what is the core of the system: the patient-clinician interaction. Put this all together and you have governance problems that are likely to be more intricate and sensitive than you will find in any other sector of human undertaking. (p. e183)

The literature exploring the complexity of regionalized health care systems also highlight the issue of uncertainty in health care settings due to the change and the complexity of the organizations (Hinings, Casebeer, Reay, Golden-Biddle, Pablo and Greenwood, 2003; Brashers, 2001).

Regionalization also creates unique challenges for health care employees in rural areas. As Hinings et. al. (2003) note, not only is health care delivered in rural areas by a range of distinct professional groups, it is also provided in multiple locations over a large geographical area. The integrating, rationalizing and centralizing effects of regionalization have distinct characteristics in rural settings. Delivering health care services in an integrated manner over geographically large and sparsely populated areas is a challenge. Not all levels of services are offered in all areas of the geographically large region therefore making it difficult to provide an integrated service model (Society of Rural Physicians of Canada, 2004). Further, from a geographical perspective, regional health authorities in particular, “may have no common trade patterns, no identifiable regional centres, no other organizational principles that might help them to function as regions other than the dictate of the provincial government” (Society of Rural Physicians of Canada, 2004, p. 4)

To summarize, the challenges associated with a regionalized approach to health care it that is results in a complex and constantly changing system due to the integration, rationalization and centralization. Further, dealing with the issues resulting from regionalization creates unique challenges in rural areas where health care is delivered over large, sparsely populated areas.

***Role of Middle Managers in Regionalized Health Care Systems***

The process of regionalization has an effect on the role of middle management in health care organizations. Regionalization reduces the number of management positions and, as a result, remaining managers have much broader responsibilities (Laschinger, Purdy, Cho and Almost, 2006). Floyd and Woolridge (1994) recognize the important role middle managers play in creating a shared vision within the organization because of their position between the strategic high levels of leadership and the frontline staff who perform the organization's work to achieve goals. Floyd and Woolridge (1994) also anticipate increasing recognition of the importance of middle managers in "interpreting, nurturing, developing, and promoting new capabilities" to respond and adapt to change (p. 53). Because middle managers are the critical link between the senior leaders who develop the strategic direction and frontline staff (Carroll and Edmondson, 2002), they provide an important two-way channel for communication between the different levels of the organization (Herzig and Jimmieson, 2006). Lewis and Kouri (2004) contend that without the support and involvement of middle management and frontline staff by the leaders of health care organizations efforts to make changes to the health care system cannot be successful. It is ultimately the actions of middle management and frontline employees in the workplace that achieve the organization's goals, without the support of middle managers, "measures cannot be successfully implemented without their consent" (Lewis and Kouri, 2004, p. 24).

Floyd and Woolridge (1992) state that middle managers need to be given real authority to make decisions and be provided with the freedom to allow for learning and experimentation. The role of middle managers, therefore, needs to be viewed not just as

an operational role but as a strategic position where they “interpret the world around them, uncover new opportunities, focus existing resources efficiently, and accumulate new resources when existing ones become obsolete” (Floyd and Woolridge, 1994, p. 49). Further, hospitals where middle managers are provided the authority and flexibility to engage frontline employees have been found to have lower staff turnover, fewer vacancies as well as improved patient outcomes (Aiken, Clarke and Sloane, 2002), and enhanced communication between nursing staff and physicians (Havens and Aiken, 1999).

The literature describes the role of middle manager in regionalized health care settings as an essential link between senior leadership which sets organizational direction and frontline staff members whose actions achieve the organization’s goal. It is also highlighted that middle managers are most effective when viewed strategically and provided with the ability to make decisions and discover new opportunities.

### ***Role of Communication in Leadership Positions in Regionalized Health Care Models***

Communication is an element of successful leadership in regionalized health care systems. Seren and Baykal (2007) contend that if all members at all levels of an organization view themselves as part of the organization, the group can be more successful in achieving its goals. Seren and Baykal (2007) also highlight the important role that open communication plays in instilling a shared vision among members of the organization. McNeese-Smith (1995) examined the issue of organizational commitment and explained the role of individual members of a health care organization in developing a shared vision. McNeese-Smith (1995) concluded that leadership is an essential ingredient for workplaces where frontline employees show high levels of organizational

commitment and hold a shared vision. Laschinger, Purdy, Cho and Almost (2006) examined leadership among nursing staff and asked how a shared vision among members of a health care organization is created. Laschinger et. al. (2006) determined that a lack of communication in health care organizations is a barrier to attracting frontline nurses into leadership positions. Nurse managers in this study noted that, for individuals in middle management positions, “supportive communication with supervisors, participation in management decisions, empowerment to manage, and effective administrative systems” are important elements of job satisfaction. (Laschinger, Purdy, Cho and Almost, 2006, p. 21). Successfully managing uncertainty and change depends more on the abilities of leaders to work in an integrated system than on the organization’s governance structure, therefore, managers need the skills and resources to develop and maintain a relationship with the employees who work on the frontlines (Canadian Health Services Research Foundation, 2008). Further, Hemmelgarn, Glisson, and James (2006) identified the importance of change agents whose key attributes are teaching, listening and empathizing with staff in order to assist them in coping with uncertainty and change to address the issues of uncertainty and complexity.

A lack of effective communication is often identified as one key reason behind many challenges in regionalized health care systems (Walston and Chou, 2006; Hinings et. al., 2003). For example, poor communication, along with poor feedback, confused goals and uncertain strategic directions all contribute to restructuring and reorganizing efforts not achieving stated goals (Walston and Chou, 2006). Walston and Chou (2006) demonstrate that there is often a disconnect between how senior leaders and employees view the success of new initiatives or organizational change. Further, Hinings et. al.

(2003) identifies the potential for loose coupling, which the authors define as being when parts of a system are not strongly connected to other parts of the system. Hinings et. al. (2003) state that because health care is delivered by a broad range of professionals working in a variety of locations, loose coupling can occur in regionalized health care organizations. As a result of the loose coupling, groups within the organization feel free to act independent of the organization creating a disconnect that further results in communication challenges for leaders because it “produces resistance to centrally imposed change” (Hinings et. al., 2003, p. S19) as members of the organization do not share the same vision of the organization.

In summary communication in a regionalized model is an element of successful leadership in rural regionalized health care systems. Effective communication supports a shared vision among members of a health care organization enabling organization to manage change and uncertainty. Communication that is not effective results in a disconnect between the various groups within regional health care organizations and therefore is a barrier to achieving the organization’s goals.

### ***The Role of Relationships in Complex Organizations***

The literature addressing the challenges experienced by members of organizations that are complex systems, such as regionalized health care settings (Lomas, 1997), highlights the importance of leaders focusing on relationships and the value of viewing organizations as living systems that function through shared values, visions and vocabularies rather than command and control structures in organizations. Wheatley (2005), Senge (2006) and Weick (1995) discuss how leaders in complex organizations

can lead through effective communication and by connecting with members of an organization on an individual level.

Wheatley (2005) describes relationships as “the pathways of organization” (p. 40) and states: “Through relationships, information is created and transformed, the organization’s identity expands to include more stakeholders and the enterprise becomes wise” (p. 40). In complex systems where everything is interconnected, such as regionalized health care organizations (Philippon and Braithwaite, 2008), Wheatley (2005) contends a leader cannot be in control but can lead through developing meaningful relationships with the members of the organization to create a connection between the work of the organization and their individual passions: “It’s time to become passionate about what’s best in us and to create organizations that welcome in our creativity, contributions and compassion” (Wheatley, 2005, p. 56). Senge (2006) also discusses the importance of relationships in organizations by stating that leaders need to link the personal visions of individuals with the shared vision of the organization in a meaningful way in order to promote change and growth. Senge (2006) writes “People have their own will, their own mind and their own ways of thinking” (p. 126) and leading people with this independence and diversity of thinking requires leadership that can connect with something that matters to the individual. Weick (1995) also supports the importance of effective relationships stating that individuals in an organization construct their identity out of the process of interacting with one another. Weick states that members make sense of situations through the ongoing experiences of interacting and working in an organization and then reflecting on those experiences. Weick (1995) also notes that creating shared meaning among individual members of an organization is key

to effective leadership. Weick (1995) therefore advocates that it is through the action or process of addressing a problem that participants can start to make sense of issues enabling them to talk about the experience. Relationships are also highlighted as a powerful means to transfer knowledge within organizations (Leonard and Swap, 2004). It is through one-on-one interactions that the skills, experiences and abilities of individual members are shared. Further, by sharing those skills, experiences and abilities both individuals involved in the relationship increase their knowledge (Leonard and Swap, 2004, p. 7). Leonard and Swap (1999) describe the idea of creative abrasion, a term coined by author Jerry Hirschberg, which Leonard and Swap (1999) present as a means for organizations to foster more innovation among groups of staff members. Leonard and Swap (1999) define creative abrasion as the tension that results from having a diverse group of people bringing new perspectives and ideas to a group. The idea of creative abrasion is to engage and involve staff in meaningful ways to foster creativity. Similarly, Wheatley (2005) states if the diversity that naturally occurs in a large complex organization is embraced, innovations will emerge that will address the challenges that arise: “No one person is smart enough to design anything for the whole system” ( p. 79).

Wheatley (2005) discusses viewing an organization as a living system in which command and control-style mechanisms are not used as the means to achieve the goals of the organization. Senge (2006) describes how organizations can create a shared vision to lead members of an organization that is viewed as a living system. Weick (1995) explains how using a shared vocabulary can help members of a living-system organization make sense of their organization. To Wheatley (2005) organizations must move away from command and control, machine-like views of organizations to a view that focuses on the

passions and contributions of individual members of the organization. Wheatley (2005) also explains that organizations develop solutions if restrictive structures are removed and members of the organization understand their role in the system and their connections to others. Wheatley (2005) says that traditional organizational structures create boundaries between people through organizational charts and hierarchical reporting structures. For Wheatley (2005), such command and control leadership causes members of organizations to no longer trust their own and their colleagues' abilities because they have "separated and divided us, and made us fearful and distrusting of one another" (p. 107). Wheatley (2005) says, organizations are made of living people and therefore need to be viewed as a living system in which meaning and understanding are the mechanisms of leadership. Weick, (1995) describes organizations that are moving toward a more horizontal structure as adopting an "open system view" (p. 70) of the organization. Similar to Wheatley's (2005) living system view, an open system view of organization is more ambiguous than the more structured and formalized forms of organizations according to Weick (1995). A result of that ambiguity is that it requires members of an organization to shift from an "I" view to a "We" view of the organization (Weick, 1995, p. 71) highlighting the relationship-building nature of the open system view of an organization.

Senge (2006) also discusses challenges that affect the development of effective relationships in organizations and says that organizations must focus on creating a meaningful shared vision that is developed by members of the organization to create a sense interconnectedness. Similar to Wheatley (2005), Senge (2006) also contends that relationships and a shared vision cannot be created through a top-down, command and

control style process. It is through a process of creating a shared vision that members recognize how their personal values and beliefs fit in the organization which will support a horizontally structured organization and support effective relationships. Visions that are truly shared take time to emerge. One way to develop a shared vision is through the concept of “personal mastery” (Senge, 2006, p. 129) which encourages members of organizations to view their work as a creative project where there are constant opportunities for learning and growth.

Weick (1995), similar to Wheatley (2005) and Senge (2006), rejects command and control style of leadership and explains the importance of developing a shared vocabulary to support how the organization would operate. Similar to Senge’s (2006) shared vision Weick (1995) contends that open system organizations use words to make sense of situations. Members of an organization can control how they organize themselves through the use and control of words (Weick, 1995, p. 181). Weick explains that vocabularies provide the framework for action members of the organization should take to address issues and challenges that emerge in the organization. And vocabularies are the language of the organization and are the mechanisms that enable horizontal organizations to function without command and control mechanisms (Weick, 1995). Weick (1995) further explains that using words by is about exchanging information and sensemaking that can occur in meetings. Through discussion, arguing and other methods of exchanging information between the organization’s members, individuals can start to make sense of a situation (Weick, 1995, p. 186).

About the role of technology in communication, Leonard and Swap (1999) state: “All the technology in the world does not – at least not yet, and maybe never – replace

face-to-face contact” (p. 160). Wheatley (2005) highlights similar concerns with the reliance on technology in organizations stating relationships need to be built through face-to-face connections: “It’s important to remember that technology does not connect us. Our relationships connect us, and once we know the person or team then we use technology to stay connected” (p. 153). Senge (2006) supports the idea that communication technologies do not support the characteristics of effective relationships in organizations and states rather than affording opportunities to strengthen and deepen relationships technology further entrenches existing relationships: “It is much more likely to be used in ways to reinforce the existing culture than in ways that can change it” (p. 324). Weick (1995) also explores the effect information technology systems have on individuals trying to make sense of their role in an organization. Weick (1995) notes that the ability of technology to provide large volumes of information and a rapid pace can effect the outcomes of individual’s work: “What is emerging as a growing issue for sensemaking is the disparity between the speed and complexity of information technology and the ability of humans to comprehend the outputs of technology” (p. 177).

As organizations move towards more horizontal structures, they need to find new ways to provide meaning to the members in the organization (Weick, 1995, 174). Weick (1995) advocates that leaders find meaning in actions, that it is in the process of acting, interacting with members of the organization, trying solutions and generating ideas, that meaning is found. Wheatley (2005) highlights the importance of a leader’s ability to effectively communicate with members of an organization stating communication is the energy that is essential for building relationships: “Meaningful information lights up a network and moves through it like a windswept brush fire. Meaningless information, in

contrast, smolders at the gates until someone dumps cold water on it” (p. 109). Information that is meaningful in an organization is the knowledge within the individual members of the organization and in the relationships between individuals. (Wheatley, 2005). Further, Wheatley says that individuals will seek ways to make their work their own and be creative: “We will always bring ourselves into the picture; we will always add our unique signature to the situation” (p. 87). Information that does not support an individual’s desire to be creative and make their work their own will be disregarded. As a result, states Wheatley (2005):

Most often when we have this experience, we interpret their disinterest as our failure to communicate, so we go back and rewrite the report, develop better graphics, create a jazzier presentation style. But none of this matters. Our colleagues are failing to respond because they don’t share our sense that this is meaningful. This is a failure to find shared significance, not a failure to communicate. (p. 88).

Senge (2006) uses the terms “dialogue” and “discussion” to explain how communication leads to action in an organization. Dialogue, according to Senge, (2006) places members of an organization in a flow of meaning while discussion allows for a back and forth exchange of ideas (p. 223). Through dialogue and discussion members of the organization create a “pool of common meaning, which is capable of constant development and change” (Senge, 2006, p. 224). Dialogue and discussion builds and supports connections between individuals in the organization. According to Senge (2006), for dialogue and discussion to be successful participants need to be able to view each other as colleagues which removes the hierarchical elements of organizations (Senge, 2006, p. 226). Similar to Weick (1995), Senge (2006) contends this form of dialogue is the result of groups that do not have a defined leader (Senge, 2006, p. 230) supporting a horizontal structure and decentralized decision making. Further, Senge

(2006) asserts leaders need to lead by example and model the behaviour they want to see in members of the organization. Senge writes: “I can never expect the people around me in an organization to be more open and willing to learn and improve than I am” (Senge, 2006, p. 266). Senge (2006) discusses that leaders should connect with a higher shared meaning in members of an organization rather than implementing authoritarian controls in an organization: “In particular, successes usually involve genuine efforts to redistribute control, and deal with the threats of giving up unilateral control” (p. 101). According to Senge (2006) leaders need to achieve enrollment and commitment to the organization’s goals rather than the command and control concepts of getting buy-in or compliance.

In summary, the literature highlights the importance of relationships in organizations and describes the value of viewing organizations as living systems that use shared values, visions and vocabularies rather than command and control mechanisms to lead the organization. The role of communication technology is also discussed and it is explained that technology does not support building relationships in organizations. Rather, the literature illustrates, that it is by focusing attention on relationships and the knowledge within individuals that organizations are successful.

### ***Purpose of the Study***

Operating in large and complex systems such as a regionalized health care setting (Baumgar, 1997; Shamian and Lightstone, 1997) creates a number of challenges for leadership, particularly for leaders in middle management positions. The literature states that middle managers provide a means of two-way communication between senior leaders who are setting strategic direction and goals for the organizations and frontline employees who can achieve goals. Therefore, middle managers can provide an

organization with the momentum it needs to move in a set direction. The literature also recognizes the important role of communication in fostering successful leadership. Communication in this context, however, is described in broad terms, such as “supportive communication” (Laschinger, Purdy, Cho and Almost, 2006 p. 21), “open communication” (Seren, and Baykal, 2007, p. 192), “continuous communication” (Seren and Baykal, 2007, p. 195) and “good communication” (Havens and Aiken, 1999). Few specifics about how successful communication occurs in a regionalized health care organization seem to be offered.

Further investigation, therefore, needs to consider what specific communication needs or issues could be addressed by Communication departments of regionalized health care organizations to assist middle managers in this very important role. Questions that could be investigated include:

1. What is the current state of communication? What are the communication issues, successes, challenges and strengths for middle management in rural integrated regionalized health care settings?
2. How can successful and meaningful communication occur in rural integrated regionalized health care settings for middle management to provide a strong connection between senior leadership who set organizational direction and frontline employees who can move the organization in the set direction?
3. What can be learned from organizations that exhibit successful and meaningful communication strategies at the middle management level and

could those concepts be implemented in rural integrated regionalized health care settings?

4. What specific strategies, mechanisms and resources would facilitate successful and meaningful communication for middle managers in rural integrated regionalized health care systems?

The purpose of this study is to gain an understanding of the current communication-related issues affecting middle management in one regionalized health care organization. It then aims to discover learnings from other organizations where communication for middle management is successful and meaningful. Finally, this study aims to explore strategies, mechanisms and resources to support excellence in communication for middle management in rural integrated regionalized health care settings.

### ***Objectives of the Study***

1. To assess the current communication-related issues affecting middle management in one rural regionalized health care organization;
2. To identify key learnings from other organizations where communication for middle managers may be successful and meaningful; and
3. To determine what strategies, mechanisms and resources might facilitate successful and meaningful communication for middle managers in rural regionalized health care systems.

### ***Research Questions***

What are the communication needs of middle managers in a rural regionalized health care system?

1. Currently, what are the communication related issues affecting middle management in one rural regionalized health care organization?
  - a. What are the successes, challenges, strengths and gaps?
2. What can be learned from other organizations where communication for middle managers is successful and meaningful?
3. Therefore, in a rural regionalized health care system, what steps or actions need to be taken to facilitate successful and meaningful communication for middle management in rural regionalized health care systems?

## Chapter 2: Methodology

When researching the strengths, successes, challenges and gaps in the communication of middle managers, the overall question- what are the communication needs of middle managers in a rural regionalized health care system guided this study. To help explore the key research questions, a qualitative approach was selected to provide an accurate understanding of what communication capacities exist among middle managers in a rural regionalized health care setting. This methodology allowed for an increased understanding of what resources and supports Communications departments need to assist middle managers in their role as a key two-way communication link between senior level leaders and frontline employees. A qualitative research approach also provided key informants with the ability to freely relate their experiences, values and beliefs and share what they felt was important using a guided interview approach.

Data collection involved a purposeful sample of Alberta Health Services Population Health middle managers in the geographic region of the former Peace Country Health region. This population consists of approximately twenty managers and data collection included a sample size of eight participants. Key informants were selected through purposive sampling to include participants who would add to the research by choosing individuals with a range of experiences, lengths of time spent working for the organization and geographical location. This type of sampling allowed the researcher to use prior knowledge of the sample population to select participants (Lobiondo-Wood and Haber, 2005). Nine potential key informants were contacted via e-mail and invited to participate in the research project. Information about the purpose of the study and expectations of key informants as well as an informed consent form was provided. One

key informant invited to participate did not respond to the e-mail request to either accept or decline the invitation and was therefore not contacted further. The remaining eight key informants agreed to participate and the date, time and location of the interviews were set at the convenience of the key informant. When interviewing key informants and organizing the data, Grounded Theory was used to identify “social processes from the perspective of human interaction” (Lobiondo-Wood and Haber, 2005, p. 172) which fit the goal of the study to understand the communication needs of middle managers in health care organizations. This study applied theoretical issues as described by Wheatley (2005), Senge (2006) and Weick (1995) to the communication processes that occur at the middle management level to gain insight into how communications professionals can support middle managers in their role in the organization. The use of Grounded Theory allowed the researcher to use the participants’ own language in the development of themes and concepts (Speziale and Carpenter, 2007). Using semi-structured, individual, key informant interviews, the researcher assessed the current communication knowledge, values and beliefs, capacities and resources of middle managers to determine what support could strengthen middle management’s leadership role in the organization. The data collection and analysis occurred simultaneously to allow themes that emerged in the data to be further explored in subsequent interviews (Lobiondo-Wood and Haber, 2005).

To begin the data collection process, key informants were provided with the questions (Appendix A) prior to the interview to allow time for the participants to formalize their thoughts and possible responses. The interviews consisted of four main questions and each interview lasted less than one hour, approximately. Each question included follow-up probing questions. Additional probes were developed during the data

collection process to further explore the themes that emerged in previous interviews. Interviews were conducted between July 15, 2009 and September 3, 2009. Immediately following each interview, the researcher reflected on and documented the key issues and gaps arising from the interview in the field notes which were also analyzed as part of the interview data. From this reflective process, key issues relevant to the research question and its objectives were further explored with subsequent participants. Interviews were transcribed verbatim and analyzed to identify the major and minor themes, actions and events that emerged which were developed into a general framework revealing the broader relevance (Lobiondo-Wood and Haber, 2005; Silverman, 2005). A process of open coding (Corbin and Strauss, 2008) was used to identify major and minor themes that emerged in the data. Corbin and Strauss (2008) described open coding as: “Breaking data apart and delineating concepts to stand for blocks of raw data. At the same time, one is qualifying those concepts in terms of their properties and dimensions.” (p. 195)

During the initial coding of the transcripts, key information was highlighted related to the themes and concepts emerging from the data. This information or data was then grouped into major and minor themes. Major themes were identified as concepts and ideas that were consistently identified by all key informants. Minor themes were identified as concepts and ideas that were either: a) identified by a majority of participants but with a diversity of experiences and opinions being expressed; and b) identified by a smaller subset of participants but with consistency identified in how the concept or idea was expressed. The major and minor themes were further refined as the original transcripts and coding were reviewed to recognize any gaps or omissions in the identified themes. With the major and minor themes identified, the data was analyzed

iteratively to further develop each individual theme and to provide a deeper understanding of the themes that emerged.

### ***Strengths and Potential Limitations of the Study Design***

Strengths and potential limitations of the methodology for the research project were considered prior to data collection. A key strength of the design was the use of the semi-structured interview as a data collection method. Bell (2005) says interviews provide flexibility allowing the researcher to explore study participants' feelings and thoughts. Another key strength of the design was the position of the researcher as a Communications Officer in the organization affording the researcher greater access to participants. The researcher also had some knowledge of the organization to facilitate the selection of appropriate key informants to provide the rich data. Further, Grounded Theory recognizes that "the researcher is an integral part of the investigation and consequently, must recognize the intimate role with the participants and include the implications of that role in the actual investigation and interpretation of the data." (Streubert and Carpenter, 1999, p. 106).

A limitation of the research design was the time and resources needed to complete the research work. Bell (2005) notes the time-consuming nature of transcribing and analyzing the data collected. The time-consuming nature of the work meant only a small sample was interviewed. Bell (2005) also notes that using interviews to successfully gather quality data requires adequate preparation and interview skills. Considering the time-consuming nature of interviews, it was important for the scope of the project to remain focused and manageable and therefore the number of study participants was limited to eight.

### *Ethical Issues and Considerations*

Because of the qualitative nature of this research, close attention was placed on addressing ethical issues and ensuring that measures were taken to protect participants from any identifiable risks. The main ethical considerations related to this study were those of informed consent and confidentiality. Informed consent ensures that participants are fully aware of the purpose of the study as well as the risks associated with participation (Silverman, 2005). The participants were fully informed of the purpose of the study, which was to gain insight and understanding, and were not misled in any way. Although there were no known risks related to sharing information, participants were informed that they could leave the study within two weeks of being interviewed or refrain from answering any questions that made them feel uncomfortable. Participants were asked to sign a consent form that fully explained the purpose, methodology, time commitment and contact information of the researcher and supervisor, as well as how confidentiality of all information would be maintained. To ensure participants had adequate time to reflect on their involvement in the study, the consent form (Appendix C) as well as the interview questions (Appendix B) were provided to the participants before the interview to allow time to read the information and consider the implications in an unhurried manner (Bell, 2005). Prior to the beginning of each interview, the researcher again explained the purpose of the study and asked if the participant had any questions. Participants then signed the consent form and the signed copy was kept for the researcher's files and another copy was provided to the participant.

Another ethical consideration of this study was maintaining the confidentiality of key informants. Because of the nature of face-to-face interviews, key informants were

unable to be anonymous and therefore the researcher took extra measures to ensure information about these participants was kept confidential. This was particularly true in the geographic area used for the study. The rural nature of the area meant that the sample population was small and therefore it may have been easier to identify those participants in middle management positions because there are few of them. To protect anonymity, details that could potentially identify participants, such as name, age, credentials, work location, department, and home community, were removed from the interview transcripts and were not included in the final report. Identifying data was stored in a secure manner with password-protected files on the researcher's personal computer and files and notes were locked in a secured file cabinet. Any individual, other than the researcher, who participated in the data transcription and analysis, signed a confidentiality agreement (Appendix D).

Another ethical consideration was whether key informants would feel pressured to participate due to the researcher's position in the organization. Researchers need to recognize that power can influence the research process, and that with power comes responsibility (O'Leary, 2004). Although the researcher and participants work in the same organization, their lines of reporting do not intersect, nor does the researcher work in the same department, that is, physical space, as the participants. Therefore, the researcher was not in a position of authority and therefore could not pressure or coerce the key informants.

In order to remain true to the research, a researcher must also assess what the purpose and gains are in completing the research (O'Leary, 2004). This research was conducted in order to complete the requirements of graduate studies at the University of

Alberta's Faculty of Extension and was not conducted for personal gain but rather to add to the knowledge of communications at the middle management level in rural integrated regionalized health care settings. Although the researcher worked in the organization where the research occurred it was not completed for career advancement nor was the researcher receiving any monetary support or funding to complete this research. Key informants were informed of the researcher's purpose for conducting the study.

Based on these above considerations, research ethics approval was granted by the University of Alberta's Education, Extension, Augustana, Campus Saint-Jean Research Ethics Board June 15, 2009. After receiving ethics approval from the Research Ethic Board approval from Alberta Health Services was sought to conduct the research project. This approval process involved providing documentation that ethics approval was received and providing the research study proposal to the Education and Research Services division of the Professional Practice Office. Approval to conduct the research within Alberta Health Services was granted July 8, 2009.

### Chapter 3: Findings

The research question and its sub-questions guiding this research were: What are the communication needs of middle managers in a rural regionalized health care system?

1. Currently, what are the communication related issues affecting middle management in one rural regionalized health care organization?
  - a. What are the successes, challenges, strengths and gaps?
2. What can be learned from other organizations where communication for middle managers is successful and meaningful?
3. Therefore, in a rural regionalized health care system, what steps or actions need to be taken to facilitate successful and meaningful communication for middle management in rural regionalized health care systems?

The findings report primarily on sub-question 1. By analyzing the transcripts of eight key informants who are middle managers using a grounded theory approach, three major themes emerged out of the data overall related to the communication needs of middle managers: 1) the characteristics of effective relationships; 2) the types of technology used in communication; and 3) the organizational commitment for effective communication. Within each of these major themes, sub-themes or categories emerged providing more insight into the major theme.

In this chapter the findings related to the characteristics of effective relationships will be discussed first. Its associated sub-themes will be presented here as well. Second, the major theme describing the types of technology used in communication will be discussed, again, as will its associated sub-themes. Finally, the findings related to the

third major theme, the level of commitment experienced within the organization for effective communication, will then be reported. Its sub-themes will be presented as well.

### ***The Characteristics of Effective Relationships***

All study participants highlight the important role effective relationships have in communication. Key informants stated that successful communication with staff as individuals or in groups depended on the relationship that had developed between the manager and staff members. Effective relationships, as a theme, was also identified as significant to understanding the two-way interaction that occurs between a middle manager and staff members to communicate work-related information and set expectations of both the managers and staff. As one key informant stated, “If you can manage your relationships well you’ll find that you can manage pretty well in terms of communication.” (A, p.6). Key informants describe seven characteristics of effective relationships which include: credibility, being present, consistency, engaging and involving staff in achieving the goals of the organization, knowing your audience, honesty and trust.

#### ***Credibility***

When discussing elements of effective relationships in communication, one concept that key informants discussed was credibility. Key informants described credibility as having the knowledge and information needed to do one’s work. Credibility was also described as having knowledge of decisions and actions that take place at the senior level of leadership in the organization. Key informants described credibility as the importance of knowing and then relaying the organizational information from senior leaders and other areas of the organization. Middle managers said that, when they did not have the

information from senior leadership frontline staff felt unsure about their position in their organization because their manager did not seem credible. Key informants highlighted the importance of relaying the necessary information needed by staff members to do their work and being able to anticipate questions staff members may have of them as middle managers. As one middle manager stated:

Like being prepared, walking into that meeting, anticipating what the questions are going to be, if you have question A, B, and C, then they're going to have X, Y and Z and trying to be able to anticipate that and definitely knowing your subjects. (G, p. 9)

Middle managers described credibility as an element of effective relationships that supports good communication. Being credible for these study participants involved having the necessary knowledge and information to support staff members to complete their work. Credibility also meant being informed of what is occurring in other areas of the organization and of the decisions of senior leadership.

### ***Being Present***

Another consistent theme identified by middle managers to describe effective relationships is the idea of being present. Being present was described by participants as being accessible and responsive in a timely manner to the needs of staff members. Participants describe the types of technology they use to maintain the sense of being present with their staff members.

A majority of middle managers interviewed described the idea of being present as being available to staff either in person or through electronic communication such as telephone or e-mail. The middle managers interviewed in the study highlighted the importance of maintaining a presence so that staff members can provide feedback and can provide opportunities for staff to share ideas. Middle managers also noted how

effective relationships are not supported when they were unable to maintain that sense of presence. As one key informant stated, “I need to show my staff that I’m present and available to them because that’s important for staff morale and team building and stuff like that.” (G, p. 4).

Many key informants manage staff members located in far ranging geographical areas and therefore rely on electronic means of communication to be present. Mobile electronic communication devices such as cellphones and Blackberries are the tools that enable these managers to respond to e-mail or receive or make phone calls remotely which helps them offer a sense of presence to their staff members. Key informants felt this type of communication assisted in achieving their goals of being present for their staff members. As one key informant (B) stated:

I think that helps people as well because then they’re not feeling left out because of the fact they may be four or five hours away.... At least they’ll have that form of communication that they can feel that they’re being heard. (p. 8)

The managers interviewed in the study describe being present as an important characteristic of effective relationships with staff members. In sum, being present is described by the study participants as being accessible and timely in their communication with staff members. Key informants also highlight the important role communications technology plays in their ability to be present for staff members.

### *Consistency*

Consistency was another characteristic discussed by key informants to describe ways of building and maintaining effective relationships between middle managers and with staff members. Consistency was explained by the study participants as being prompt when providing relevant information and being quick to respond to any issues that arise

for staff members doing their work. The middle managers in the study also described consistency as providing clear expectations to staff members to complete their work. Study participants said that staff members need to be able to rely on getting a response in a reasonable timeframe if middle managers are going to be viewed as being consistent. One middle manager highlighted the importance of consistency in responsiveness as a means of being aware of, and addressing issues, for staff: “You deal with things as they come up, and so, staff doesn’t let things build, build, build on 50 different things and then come to you,” (C, p. 3).

Consistency, involves being prompt and timely in providing direction and information needed by staff members to do their work well. Consistency, as an effective communication characteristic, also involves middle managers being clear about the expectations of the work staff members are required to do and providing them with both positive and negative feedback.

### *Empathy*

In their discussion of the key characteristics of effective relationships with staff members, middle managers in this study referred to empathy. Key informants described empathy as treating staff members as they would want to be treated. It was also noted that part of empathy involves being flexible when responding to the unique situations of each staff person. The middle managers in the study explained that they demonstrate empathy towards staff members by placing themselves in their shoes. As one individual described, “I think empathy, seeing where your staff are coming from and how, you know, from there, just not, ‘this is the way it has to be,’ because there’s not always one solid rule that we have to deal with everything” (H, p. 9).

Study participants highlighted that the ability to demonstrate empathy for staff is an important characteristic of an effective relationship. Demonstrating empathy for staff members was described as considering the individual situations of staff members and also reflecting, as a manager, how they would want to be treated if they were in their staff members' situation.

### *Engaging Staff in Achieving Organizational Goals*

Another concept that emerged from key informants when discussing the characteristics of effective relationships with staff members was the importance of engaging and involving staff members in achieving the goals of the organization. Study participants highlighted the importance of demonstrating to staff members the role their individual work has in achieving organizational goals. The key informants described three elements of engaging staff in achieving organizational goals: connectedness, openness, and depending staff members' abilities.

Connectedness was discussed by participants as being able to demonstrate a link between the work of individual staff members and achieving the goals of the organization. Staff members need to feel connected to organizational goals and middle managers play a key role in this by disseminating information that is relevant. One middle manager highlights the importance of acting as the connection between frontline staff and the organization's broader direction to help to make their work meaningful:

You need to be able to guide them and where they fit in the strategic direction and they have to know that their role is really important and that they are in that actual plan and what they're doing has impact and outcomes for families. (C, p. 6)

Maintaining openness is another element of engaging staff in the goals of the organization. Openness was described in interviews as being willing to address any issue

or question that arises. Study participants also described the importance of being open and willing to respond to questions and feedback to help staff members feel engaged and involved in achieving organizational goals (B, p. 3).

Finally, a third element of engaging staff members in achieving organizational goals is being able to depend on the abilities of staff members. For the study participants, depending on the abilities of their staff members means managers turn to staff to generate ideas that will assist in achieving the organization's goals. A study participant describes this dependency as listening to staff members and acting on what staff say. One key informant stated: "I really listen to what they have to say, when we come to program planning, or even as far as new ideas, I like them to be creative, I see them as kind of like the experts" (C, p. 1).

Key informants employ a variety of ways to engage and involve staff members in achieving the goals of the organization as a means to build effective relationships.

### ***Knowing Your Audience***

A fifth characteristic of effective relationship building for good communication highlighted by key informants is knowing your audience or recognizing the specific communication needs of staff members. Knowing your audience is described by key informants as being aware that depending on the content and the audience receiving a message, it may need to be communicated in different ways. It is important that information is relevant and appropriate for the audience. Further, there are no clear guidelines for communicating and it requires the use of the individual manager's judgment. "There's no set rule I use, it's kind of I need to gauge what's happening for each individual scenario" (F, p. 3). Middle managers interviewed in this study

highlighted the significance of knowing the needs of their audience and then choosing the appropriate way to communicate with the staff member or group of staff members. Again, knowing one's audiences' needs is a characteristic of effective relationships.

### ***Honesty***

Honesty is another one of the key characteristics of relationship building identified by middle managers interviewed in this study. Participants noted that sometimes they as middle managers do not have all the information and that staff members valued when managers were honest that they did not have all the answers. Study participants noted honesty as a key to correcting a mistake that has been made. One key informant shared a recent experience where a mistake was made and how honesty was used to resolve it:

I actually told them that, you know what? After I reflected on a conversation, I think this is where I went wrong, this is what I should have said, or this is what the message I should have given you, I'm sorry. I led you astray. (G, p. 12)

Honesty is highlighted by study informants as an important means to addressing when middle managers make a mistake or when they do not have the information needed by staff members. Honesty supports the effective relationship that middle managers seek with their staff members.

### ***Trust***

Finally, trust emerged from the data to describe a characteristic of effective relationships. Trust develops over time and is the culmination of the characteristics of effective relationships: credibility, being present, consistency, engaging and involving staff in achieving the goals of the organization, knowing your audience and honesty. One

key informant described how trust developed with a new group of staff and explained it is not instantaneous and requires time and a demonstration of other characteristics of effective relationships by stating:

I got to know them and as they got more comfortable with me as a manager, um, let the phone calls coming in with questions and concerns or the e-mails started to come more frequently because they knew that I was willing to either help them address the concern that they had or find a way to resolve it, right? So I think it's kind of just over time and they learn to trust me and I just learn to trust them. (G, p. 6)

Trust is developed over time and in response to other relationship-building activities, stated key informants.

The characteristics of effective relationships are identified as one of the three major themes emerging from the data related to communication needs of middle managers. All key informants agree that communication is more effective between staff members and middle managers when a strong relationship exists. From the data, seven key characteristics emerged that are essential to developing an effective relationship.

### ***Types of Technology in Communication***

The second major theme emerging from the data in relation to the communication related needs of middle managers is the types of technology used to enhance communication. In discussing various methods of communication used by middle managers in this study all participants agreed on the importance of face-to-face communication. In relation to face-to-face communication key informants identified issues of time, geography and budget limitations as factors that limit opportunities for face-to-face communication thus prompting them to use technology to communicate with their staff. Study participants focused their discussion about the value of technology on the use of e-mail and videoconferencing technology.

This section will first highlight the importance middle managers place on face-to-face communication. Next the factors that limit face-to-face communication will be discussed. Then the use of e-mail, including the strengths and challenges, will be explained. Finally, what key informants said about the use of videoconferencing and its strengths and weaknesses will be reported.

### ***The Importance of Face-to-Face Communication***

All study participants highlighted that in-person, face-to-face communication was their first method of choice to communicate with staff members. Key informants identified two key defining elements of in-person, face-to-face communication: immediacy of the communication (D, p. 4) and the use of non-verbal cues to aid in the communication (E, p. 4; F, p. 3; D, p. 4). Key informants described how non-verbal cues provide valuable information about the communication and how the message is being received. “You can see they aren’t happy and you can get clarification about what’s wrong: Why are we having an issue?” (E, p. 4), stated a key informant. Middle managers interviewed stated, in-person, face-to-face communication is the most successful form of communication.

A majority of study participants highlighted the realities of geography, time and budget constraints that limit the opportunities for in-person face-to-face communication. The geographic distance between the different sites that fall under a middle manager’s supervision prevents face-to-face communication from occurring as often as they would prefer (A, p. 1; D, p. 8). Opportunities for managers to communicate in-person and face-to-face with their staff members requires a time commitment to travel to the various locations where their staff members are located. Further to the issue of geography and

time is the issue of budget. Managers identified that travel restrictions due to financial restraints limit opportunities for in-person, face-to-face communication. One key informant stated, “In the times of all these budget constraints... it’s important to not forget the importance of that face-to-face interaction with the frontline staff” (A, p. 14).

Key informants recognized the barriers to face-to-face communication such as geography, time and financial constraints but expressed an understanding of adapting to and working within these limitations (G, p. 18; H, p. 7; A, p. 12). With the knowledge of working within these constraints key informants expressed openness to other modes of communication (H, p. 6). “Face-to-face is the best way to communicate, uh, but that’s just not always possible so that’s when you go to Plan B” (F, p. 3), stated one key informant.

### ***The Use of E-mail and Videoconferencing for Effective Communication***

In their discussion of the use of technology in communication key informants highlighted the use of e-mail and videoconferencing as a means to overcome the barriers of time, geography and budget which limit face-to-face, in-person communication. Key informants discussed the role, benefits and challenges of using e-mail and videoconferencing as effective communication tools. Key informants also highlighted the importance of having access to technology for videoconferencing and mobile and remote access to communication tools such as the telephone and e-mail.

All study participants highlighted their use of e-mail when discussing the types of technology used for communication. The middle managers described how they use e-mail, the benefits of e-mail and the challenges of using e-mail to communicate with staff members. Key informants stated they primarily use e-mail for simple communication

where the messages are not complex; to follow-up on verbal communication; and in advance of verbal communication (C, p. 5; F, p. 1; H, p. 17; H, p. 5). Study participants also identified two main benefits of the use of e-mail as a means of communication: the immediacy of e-mail and the ability of e-mail to create a record of the communication. Discussion of the use of technology in communication with study participants also identified three major challenges with the use of e-mail. These challenges include: the one-way nature of e-mail that often results in miscommunication, issues with the volume of e-mail they receive, and how e-mail is often used improperly by members of the organization.

One of the challenges to the use of e-mail is the one-way nature of e-mail that often results in ineffective communication. Through thoughtful deliberation, managers must be careful to avoid composing email messages that can be confusing and open to miscommunication by staff members. Key informants note that e-mail communication does not allow for any discussion because there is no opportunity to involve or engage staff members in what is being communicated (D, p. 6). E-mail communication puts the recipient in a position of having to seek clarification rather than being provided with the opportunity to ask for clarification (E, p. 6). One key informant identified that e-mail communication does not provide the best means to ensure messages are clearly communicated. As one key informant stated: “There is so much opportunity for miscommunication with using e-mail particularly with the tone and wording of the message” (H, p. 11).

The volume of e-mail messages was another challenge identified by key informants to communicating effectively. Many key informants spoke of regularly having

hundreds of e-mails (G, p. 2; E, p. 19; D, p. 12) in their e-mail inboxes. Managers also identified managing the volume of e-mail as requiring a constant effort and being a source of anxiety (E, p. 19; G, p. 2). One key informant described how they address the challenge: “[By being] very faithful to checking my e-mails everyday, everyday, and trying to keep on top of it” (G, p. 2).

Another issue associated with the use of e-mail is the improper use of e-mail technology particularly the improper use of broad distribution lists. Because of their position, managers are placed on a number of distributions lists and carbon-copied on many e-mails and as a result receive many unnecessary e-mails (F, p. 6; B, p. 20). Key informants identified a need for guidelines to address the proper use of e-mail to ensure it continues to be a useful communication tool. (H, p. 16; A, p. 12).

Middle managers highlighted three challenges with the use of e-mail as an effective tool for communication. The challenges included the one-way nature of e-mail that often results in ineffective communication, the volume of e-mails middle managers receive, and the improper use of e-mail such as the overuse of mass distribution lists by some members of the organization.

When discussing the types of technology used by middle managers to communicate with their staff members, besides email, study participants also discussed the role of videoconferencing. Videoconferencing was described as an effective tool for communication due to its ability to allow an experience that is as close to a face-to-face experience as possible. Study participants discussed the challenges with using videoconferencing highlighting the lack of a common set of rules of etiquette in using the

technology. Approximately half of the study participants identified videoconferencing as being able to facilitate group dynamics in meetings. (A, p. 1; B, p. 1; C, p. 6).

Managers also described the challenges that come with the use of videoconferencing technology. Participants highlighted the lack of a common understanding of how to effectively use the technology of videoconferencing to communicate as one main challenge. The issue of etiquette when using such technology to communicate prompted key informants to highlight the importance of treating communication through technology as if it is a face-to-face, in-person communication. When proper videoconferencing etiquette is not used the result is that the information is not clear. As a result, challenges to group facilitation and difficulties creating a sense of cohesion in a videoconference meeting exist, stated the middle managers. As said by one middle manager: “Telehealth also is a good way to communicate but it’s also got its own rules that people need to be aware of and those rules are not always explained before you go into that room” (E, p. 30). In summary videoconferencing is another tool managers use to communicate with front line staff when face-to-face communication is not an option. The benefit of using videoconferencing is that it is as close to face-to-face communication as one can get. When utilizing this form of communication interviewees emphasized that all members must understand how to use the technology to its full capacity and the etiquette around participating in a videoconference meeting to avoid miscommunication.

When discussing communication, key informants agree that face-to-face communication is preferred. It was recognized by key informants that face-to-face communication is not always possible due to time, geography and budget limitations,

therefore managers in rural health care settings need to rely on technology such as email and videoconferencing to support communication with their staff. Key informants focused their discussion on the strengths and weaknesses of each of these technologies during interviews.

### ***Organizational Commitment to Effective Communication***

The third and final major theme that emerged from the interviews with middle managers and their communication experiences in rural, regionalized health care settings highlights the importance of the organization's commitment to effective communication. Study participants identified such organizational issues as a lack of time, training and support, consistency of communication within the organization, and accountability as needed in the organization to support middle managers' communication with frontline staff. Study participants highlight the need to be able to spend more time committed to communication in order to be more effective in their roles.

#### ***Lack of Time***

A majority of key informants said that there is a lack of time to effectively communicate with staff members. Middle managers described challenges with finding the time to communicate with staff due to their high workload and the high workloads of frontline staff, short timelines provided to middle managers from senior leadership to complete tasks, and the ability to communicate in a timely manner.

Finding time to adequately communicate with frontline health care staff members is a challenge. The fast pace at which communication is expected to occur is highlighted as a barrier by a key informant who stated said there is a need for clear communication, direction and achievable timelines to meet the goals of the organization. (C, p. 9). A

majority of key informants also discussed the importance of making communication timely for frontline staff members. The timeliness of communication to middle managers from senior leadership was another issue raised by key informants. Middle managers explain that information often is not communicated in a timely manner. A key informant explains these issues further:

Right now, we're out there putting out fires, we don't have the ability and myself included to say okay, we'll set aside some time here to do, uh, do some group work, teambuilding, you know that type of stuff, because we're just seem to be mostly running off our feet trying to put out fires. (F, p. 14)

Middle managers describe the challenge of finding time to effectively communicate considering their own workload and the workloads of their staff members. Key informants emphasize the important role of senior leadership to setting reasonable timelines to accomplish goals and time to provide effective communication to managers and front line staff.

### ***Training and Support***

Most participants identified a need for more appropriate and increased opportunities for training and support to assist them to more effectively communicate with staff. The middle managers described experiences of learning communication skills through trial and error while having no formalized training. Key informants highlighted a need for regular, ongoing, practical training opportunities in effective communication that could be applied to their work as middle managers.

Key informants shared their experiences of learning communication skills through trial and error as opposed to formal education in communication (H, p. 10; B, p. 4; G, p. 14). Key informants felt they lacked effective communication training opportunities.

Study participants noted that although they took Human Resources management courses such courses provided little information (D, p. 23; B, p. 18). As one key informant stated, “HR puts a management course together here. I did it when I started at Peace, and certainly there was nothing about effective communication and I think you need to be an effective communicator to get a position like this” (B, p. 18).

Key informants said that effective communication training would need to be a regular, ongoing process in the organization. (H, p. 13; D, p. 23; B, p. 18). One manager also noted the importance of providing effective communication training to all staff so everyone in the organization is improving their communication skills (H, p. 12). Key informants said that effective communication training or support would need to be practical and specifically address the needs of staff or managers working in a health care setting (G, p. 16). An idea introduced by several key informants is to provide mentorship opportunities among middle managers as a means to support developing communication skills (D, p. 24; G, p. 13). One study participant stated: “It’s just to have that extra little bit of reassurance, hey, that you’re doing the right thing, or you’re on the right track” (G, p. 15). Further, key informants identified a need for more training and support to effectively use the communication tools, technology and information systems they are required to use (E, p. 3; D, p. 23; G, p. 15; H, p. 16). For example, education and training was identified as necessary to ensure e-mail is used appropriately (A, p. 9). As one key informant stated: “We’ve got the tools we just have to be able to use them more effectively” (F, p. 19).

Training and support for middle managers to learn more about effective communication was highlighted by the key informants. The study participants noted most

of their communication skills are learned through trial and error due to the lack of regular, ongoing, practical training and support to develop effective communication skills.

### *Consistency*

In discussing the quality of communication that occurs within the organization more than half of the key informants highlighted a lack of consistency in how communication occurs and in the expectations for communication. The key informants described two elements necessary to create consistency in the organization's communication, including communication planning, and creating a common understanding of communication throughout the organization. Communication planning was highlighted as an important element in communication as it can ensure information is delivered across the organization in a consistent and timely way. A key informant noted when middle managers do not communicate information at the same time in the organization it creates tension among staff members as some staff will have certain information while others will not (B, p. 8). As a result, stated on manager, "they view us as not communicating effectively and withholding and not giving information that they should be receiving" (H, p. 13). The role of senior leadership was also discussed by the study participants. One key informant (C) stated:

They [senior leaders] should really look at a communication plan. Then they should really study it to see if it's actually gonna help in a roll-out. And, then I would hope, that they, it would work for them, so they would stick to it. (p. 8).

Creating a common understanding of what effective communication means in the organization was also said to contribute to consistency. Key informants also identified that such direction needs to come from senior leadership to articulate the quality of

communication expected in the organization. Such direction from senior leadership would create a common understanding and set of expectations to support more effective communication. As one key informant stated: “Everyone having the same understanding about what it is we’re talking about when we talk about communication” (E, p. 24). Middle managers in the study highlighted communication planning, senior leadership direction, and creating a common understanding of communication in their discussion of the importance of being consistent in the communication that occurs in the organization.

### *Lack of Accountability*

Accountability was another significant aspect of communication missing in their organization when key informants discussed organizational commitment to effective communication. Key informants noted that the organization stresses the importance of communication in documents such as mission and values statements but the middle managers also highlighted a lack of means to ensure effective communication actually occurs in the organization. Study participants note that this lack of accountability for effective communication negatively affects the work of staff as poor communication is permitted to continue in the organization. The key informants also explained that they are looking to their senior leadership to model the behaviour that is expected in the rest of the organization.

When discussing the lack of accountability for effective communication in the organization key informants stated that communication is not measured or monitored the same way that other roles, such as completing budgets and tracking program activity, are monitored. Key informants noted that the organization identified communication or transparency as a corporate value yet did little in terms of monitoring or measuring it to

determine if staff members are achieving that value. The lack of monitoring and evaluation of communication was viewed as indicating that communication is not a priority to the organization regardless of what is stated in the mission and values. As one key informant stated, “you have to be able to measure in whatever form something that you feel is valuable enough that you want to support doing it. Just talking about how important communication is, it gets left to the side” (E, p. 25).

Key informants also acknowledged they want to be effectively communicating with staff members but that can be limited by the other factors such as other reporting requirements or changing information (G, p. 19; C, p. 8). Key informants highlighted the need for everyone in the organization to value communication and place importance on it (A, p. 14; E, p. 21). Key informants identified ways in which communication could be more valued in the organization by addressing the issues of accountability and the importance placed on communication within the organization. One strategy to support more effective communication was for individuals in leadership positions to model the behaviour they want to see in the organization. As stated by a key informant, “always be aware and practice what we’re saying that we should do, we have to model it” (H, p. 18). The second means to more effective communication at the organizational level is for individuals in the organization to be open to giving and receiving feedback about communication. One key informant highlighted how to provide feedback to staff members as well as accept feedback from staff members (C, p. 4-5). The key informant (C) states:

We’re very open and honest and they know that they’ll get feedback and, um, I think that if I’m really clear on what I expect and they know that, it just, that’s what makes a good relationship when you are in leader position. (Page 5)

In the discussion of accountability as it relates to effective communication in the organization key informants identified a lack of means to ensure effective communication occurs in the organization. The negative impact of a lack of accountability on the work of members of the organization was highlighted along with the need for senior leaders to take a role in setting an organizational standard for communication through their actions.

### ***Conclusion***

The analysis of the interviews with the middle managers who participated in this study highlighted three key themes: the characteristics of effective relationships; the types of technology used in communication; and the organizational commitment to effective communication. Study participants further described seven key characteristics of effective relationships which include: credibility, being present, consistency, engaging and involving staff in achieving the goals of the organization, knowing your audience, honesty and trust. In the discussion related to technology used in communication middle managers said that face-to-face communication was ideal but they use technology such as emailing and videoconferencing when in-person communication is not an option. When key informants discussed the organization's commitment to communication they highlighted a lack of time, the need for communication training and support, the need for consistency of communication within the organization and a need for more accountability for effective communication in the organization to support middle managers communicating effectively in their roles.

## Chapter 4: Discussion

The goal of this study was to explore the strengths and challenges middle managers face when communicating with staff and identify strategies that can support middle managers in rural regionalized health care organizations. Through data collection and analysis, key informants provided detailed and rich information that helped bring insight into the main research question and its sub-questions which were:

What are the communication needs of middle managers in a rural regionalized health care system?

1. Currently, what are the communication related issues affecting middle management in one rural regionalized health care organization?
  - a. What are the successes, challenges, strengths and gaps?
2. What can be learned from other organizations where communication for middle managers is successful and meaningful?
3. Therefore, in a rural regionalized health care system, what steps or actions need to be taken to facilitate successful and meaningful communication for middle management in rural regionalized health care systems?

From analyzing the data, three themes emerged highlighting the successes and challenges affecting middle managers (sub-question #1 and #1a). These themes are: characteristics of effective relationships, the role of technology in communication and organizational commitment to effective communication within the organization. In this chapter the significance placed on relationships and the characteristics of effective relationships will first be discussed. The theory supporting the importance of effective relationships in communication will also be discussed in this context. Next the challenges study

participants identified about the types of technology and its role in communication will be discussed. These challenges will be considered in relation to organizational theories to provide insight into what can be learned from other organizations where communication for middle managers is successful and meaningful? (sub-question #2). Finally, the gaps to organizational commitment will be discussed so as to describe the steps or actions needing to be taken to facilitate successful and meaningful communication for middle management in rural regionalized health care systems.

***Successes and Strengths: The Significance of Effective Relationships***

The first major theme that key informants discussed in the findings in relation to organizational communication was the importance of relationships. If communication is going to be effective and successful in rural, integrated regionalized health care settings, effective relationships between middle managers and frontline staff were identified by key informants as essential. Decter (1997) echoes the findings of the middle managers noting an affect of regionalization was moving staff members into a complex system in which all staff members must rely on each other across a broad range of health services. The focus on building strong relationships between middle managers and staff members is paramount to successful and meaningful communication. By focusing on maintaining and growing the relationships between people, leaders will be able to create new ways of achieving goals and innovating (Wheatley, 2005). The role of relationships illustrated by Wheatley (2005) highlights the importance placed on effective relationships by the middle managers in this study. This is also supported by the Canadian Health Services Research Foundation (2008) that describes the importance of maintaining relationships in health care organizations to address the uncertainty and change that exists in health care.

Key informants discussed the importance of creating a meaningful connection with staff members through credibility, being present, consistency, engaging staff in achieving the goals of the organization, knowing your audience, honesty and trust. Creating a meaningful connection mirrors Wheatley's (2005) concept of focusing on relationships to provide meaning for individuals in organizations.

In the discussion of effective relationships the middle managers in the study identified the characteristics of effective of relationships: credibility, honesty, consistency, being present, empathy, engaging and involving staff, understanding your audience and trust as important in effective relationships. Middle managers in health care organizations fill an important communication role to ensure the organizations are successful in achieving their goals (Carroll and Edmondson, 2002). Middle managers in health care systems also nurture and develop staff and help them adapt to change (Floyd and Woolridge, 1994). As Wheatley (2005) states, it is by focusing on relationships that leaders can create a strong connection between the members of an organization and the work they do in complex organizations. Senge (2006) and Weick (1995) state that through effective relationships leaders connect members of the organization to one another and create a meaningful work environment where people find purpose in the work that they do. Key informants also note that effective relationships are complex and difficult to define. Wheatley (2005) agrees that relationships are complex and there is no simple cause-and-effect in complex organizations; to create understanding, an individual cannot find meaning and purpose in isolation, rather it is through relationships that this occurs. Through the diversity of relationships in an organization and the multitude of perspectives members of an organization can gain insight and create meaning and

innovation. Relationships are a powerful force for adaptation in organizations, and are key elements for creating organizational change.

Similarly, Lomas (1997) discusses the importance of staff members of health care organizations viewing themselves as connected to the larger system rather than along traditional professional and facility lines. When members of an organization see the connections between themselves and others and the impact of this interconnectedness on their work, members begin to learn and grow from one another (Senge, 2006, p. 69). Finally, another important concept Weick describes is the relevance of the relationship between members of the organization and the environment of the organization. Weick (1995) states that the environment cannot be separated from the members of the organization. Not only are individuals connected to one another in the organization but the interactions between individual organization members is what shapes and creates the environment of the organization and the environment, in turn, shapes the individual. Further, Wheatley (2005) rejects the idea that knowledge can be separated from individuals. Wheatley (2005) contends knowledge is in people and only exists in their relationships with others and through individual reflection and introspection. Wheatley (2005) also states that it is the relationships between individual members of an organization that enables communication to occur. Weick (1995) also places communication in a central position to achieving understanding in organizations. Without clear and continuous communication, organizations cannot succeed: “Words induce stable connections, establish stable entities to where people can orientate” (Weick, 1995, p. 41).

In summary, Wheatley (2005), Senge (2006) and Weick (1995) describe how effective relationships in organizations are complex and understanding of that complexity is made through seeing the interconnectedness of the work they do in the organization. Wheatley (2005) explains that the knowledge in an organization exists within the individual members and can not be separated from the person. It is only through relationships that access to this knowledge occurs.

***Challenges: Technology and What can be Learned From Other Organizations***

One key finding identified by the key informants was the role of communication technology. Study participants identified some of the challenges to using communication technology in a rural health care organization. To address these challenges we can learn from other organizations where communication is effective and successful. Key informants discussed such challenges as: a lack of opportunities for face-to-face communication; a lack of time; and having staff members spread out over a large geographic area. In this section, it was found that using technology to communicate with staff can have a negative effect on developing effective relationships with staff members are discussed. The importance of adopting an open (Weick, 1995) or living (Wheatly, 2005), system view of an organization is discussed. Finally, the benefits of adopting a more open-system (Weick, 1995) approach to organization are discussed.

Key informants highlighted many challenges with the use of communication technology in relationship-building to support effective communication. Key informants identified communication technology as a useful tool in certain situations to communicate with frontline staff members as they carry out their work. The necessity of technology is also supported the findings of Laschinger, Purdy, Cho and Almost (2006)

who explain the effect of regionalization on increasing the scope and breadth of managers' responsibilities. The broader scope of the manager's role contributes to the necessity of using technology to communicate. The experiences of middle managers interviewed are also supported by Hinings et. al. (2003) who note the process of regionalization resulted in health care being delivered over large, sparsely populated geographic areas. This effect of regionalization directly relates to the key informants' need to use technology for communication and the challenges experienced. Leonard and Swap's (1999) view of technology supports the key informants' findings that opportunities for face-to-face communication are necessary to support effective relationships. Leonard and Swap (1999) highlight and support the key informant's experience that communication technologies cannot replace the need for effective relationships in organizations. Study participants clearly identified the limitations of communication technology and highlighted the more important characteristics of effective relationships - credibility, honesty, consistency, being present, empathy, engaging and involving staff; understanding your audience and trust – to support their communication with staff members. Therefore the use of communication technology affects effective communication between the middle managers and the staff members.

Wheatley (2005) states that changing the structure of an organization can support effective relationships. Creating organizations in which developing effective relationships is a more natural process would address many of the communication challenges identified by key informants. According to Wheatley (2005) creating this level of understanding would mean the middle manager's role would be more concerned with connecting to the individual passions and contributions of staff members rather than simply relaying

information between frontline staff and senior leadership. As Wheatley (2005) states, it is the connections between members of the organization that allow individuals to make sense and adapt to the complexity and constant change they experience in modern organizations.

Wheatley (2005), Senge (2006) and Weick (1995) all identify that organizations which focus on relationships and adopt a living or open system view rather than implementing command and control-style mechanisms are more successful. Shifting focus from command and control-style mechanisms free middle managers to focus efforts on exhibiting the characteristics of effective relationships with staff members. Middle managers need to have the freedom to learn and experiment to fill a strategic role such as developing the effective relationships described by key informants (Floyd and Woolridge, 1992). This relates directly to the key informants' emphasis on the importance of engaging and involving staff members in achieving the goals of the organization. Study participants highlighted the importance of demonstrating to staff members the role their individual work has in achieving the goals of the organization. Wheatley (2005) and Senge (2006) contend that it is through a shared vision and clarity of purpose and values that the work of individuals can be guided to achieve the goals of the organization. Shared visions grow as a "by-product of interactions of individual visions" (Senge, 2006, p. 202). Aiken, Clarke and Sloane (2002) also note that health care organizations that provide middle managers the freedom and authority to engage frontline staff, experience low staff turnover, few vacancies and improved patient outcomes. This perception is also what opens individual members of organizations up to the potential in themselves and others to achieve their personal and shared visions

(Senge, 2006). This shift in perspective from command and control to a shared vision gives members of organizations the ability to see the underlying meanings, cues and signals that flow within the organization that will affect their work. For members of the organization the additional understanding of the organization and their role in it would support effective communication.

Study participants also discussed characteristics of effective relationships, such as consistency, which supports the value of members of an organization sharing a common understanding of how the organization achieves its goals. Well-articulated values and a clear sense of purpose rather than vertical reporting relationships are the mechanisms middle managers in rural integrated health care organizations rely on to build relationships and support effective communication. Wheatley (2005) says that an organizational structure that supports middle managers and frontline staff to make decisions together while achieving organizational goals would support the characteristics of effective relationships identified by key informants. An organizational structure that is more open would include frontline staff members in decision making processes easing the way for future communication from middle managers. For example, frontline staff members would be even more involved and engaged in the organization and more trust might be built as middle managers rely on frontline staff members' abilities to develop solutions and innovate rather than having to wait for direction from senior leadership. A key informant illustrates this point when discussing their staff members as the experts and turning to them for solutions or for program planning. This type of leadership and involvement of staff in the organization would be further supported by an organization that removes command-and-control-style mechanisms to guide the actions of middle

management and frontline staff. With a clear vision, decisions and information being communicated by middle managers to frontline staff would make sense in the context of the clear vision and purpose that exists in the organization. Frontline staff members would be able to connect the messages middle managers communicate to the vision and purpose and see how it is meaningful in their own work. There exists an important connection between members of an organization seeing they are part of the organization and the success of the organization in achieving its goals (Seren and Baykal, 2007). As well, Laschinger, Purdy, Cho and Almost (2006) discuss the important role achieving such a level of understanding has in improving job satisfaction for middle managers. The value of providing this clarity of vision and purpose would also address the challenges key informants identified with using technology to communicate. Relationships that are supported by a clear vision and purpose in the organization would overcome many of the challenges of using technology to communicate. For example, key informants identified a preference for face-to-face communication over technology-mediated communication because it allows for the non-verbal cues to support their communication. A clear vision and purpose could help middle managers in their technology-mediated communication by filling in some of the communication gaps they are currently filling by observing non-verbal cues in face-to-face communication. A shared sense of meaning would exist between the members of the organization that would provide additional meaning and context to support the communication. Through the creation of a shared vision and providing a clear purpose, members of the organization would demonstrate the characteristics of effective relationships identified by study participants.

Weick's (1995) concept that vocabularies provide a framework for action members of an organization would further support an organization that functions on a clear vision and purpose. The common vocabularies would help provide the framework which all members of an organization would work in order to accomplish the common vision and purpose. The vocabularies would flow through all levels of the organization and create the language that would support effective relationships. For middle managers in rural integrated regionalized health care systems the vocabularies would demonstrate the characteristics of effective relationships such as being present, showing empathy, honesty and consistency. Common vocabularies also address the loose coupling that Hinings et. al. (2003) identify as an issue for health care organizations that are geographically dispersed. Loose coupling is experienced when groups within the organization act independently from the organization because of the weak ties that exist in the organization. A common vocabulary could connect all members of the organization in a meaningful manner because the vocabulary used by middle managers to communicate to frontlines staff members would be the same vocabulary the frontline staff members use to find meaning and purpose in their work. This would connect their work and the communication between middle managers and frontline staff members to the vision and goals of the organization. A common vocabulary would also support effective relationships as it would demonstrate an understanding among middle managers of the work of frontline staff members.

An organization with a systems view of organization that has developed a clear purpose and vision and vocabularies can also encourage diversity and open thinking that would result in a more creative and innovative organization. Leonard and Swap (1999)

discuss the idea of creative abrasion which also supports the characteristics of effective relationships identified by key informants and reflects the ideas of a living system (Wheatley, 2005), shared vision (Senge, 2006) and vocabularies (Weick, 1999). The concept of creative abrasion is that group creativity requires group members to challenge one another and who think differently to create a tension or friction in which new ideas and solutions will emerge (Leonard and Swap, 1999). One key informant identified the value of creative abrasion by describing the benefits of changing the membership of groups and teams regularly to bring in new ideas and thoughts. In a rural integrated regionalized health care setting encouraging more creative abrasion would require a more living or open system view of organization that would allow individual members or groups of members to work across the vertical structures in the organization. It would require a level of trust, honesty and clarity of purpose and vision within the organization to allow ideas to be shared and input to be provided not just within departments and facilities but across professions, disciplines, program areas and physical locations. The importance of time and involving members in organization decision-making is also highlighted by Leonard and Swap (1999) who say that groups need to be given time and autonomy to allow for divergent thinking, experimentation, creativity and reflection. Similar to Leonard and Swap's (1999) concept that groups can be creative, Wheatley (2005) also agrees accepting diversity is a way members of complex organizations adapt to change. This relates to communication for middle managers because creative abrasion would support effective relationships. Characteristics of effective relationships such as honesty, credibility, empathy engaging and involving staff members would be addressed. Demonstrating an openness to allow new ideas and the debate of new ideas would

involve and engage frontline staff members in the organization. It also supports the two-way communication channel Carroll and Edmondson (2002) see middle managers filling in health care organizations between leadership and frontline staff. Allowing open and honest communication to occur across the organization would also show honesty that leadership does not have all the answers and demonstrate credibility that senior leaders are willing to go to new people to find answers.

Wheatley (2005), Senge (2006), Weick (1995) as well as Leonard and Swap (1999) all agree that communication technology cannot replace the value effective relationships provide to an organization. To address the challenges created by the use of such technology Wheatley (2005), Senge (2006), Weick (1995) as well as Leonard and Swap (1999) advocate for a systems view of organizations that focuses on individuals and their relationships rather than command and control mechanism to support effective relationships. This view of organizations relies on a shared vision, clear purpose, shared vocabularies to guide the actions of individual members to achieve the organization's goals further demonstrating the characteristics of effective relationships. Finally, an organization operating in this manner would also have the potential to benefit from the creativity of the organization members to be innovative in their work.

***Gaps: Steps to Support Effective Communication for Middle Management.***

When discussing the organizational commitment to effective communication, study participants highlighted the communication gaps that existed for middle managers which included a lack of training and support for effective communication, a lack of consistency in how communication occurs, and a lack of accountability for how

communication occurs. These gaps illustrate a need for more clarity in the organization about the role of communication in the organization and what actions could be taken by rural regionalized health care organizations to support effective communication. It also further supports the disconnect that exists between senior leadership and middle managers and the discrepancies that exist in how the levels of the organization’s success is viewed (Walston and Chou, 2006). The findings also indicate that middle managers are looking to senior leadership to take the steps necessary to address the gaps identified to enhance effective communication. In this section Senge (2006) acknowledges the role for senior leaders to take in removing barriers to effective relationships in the organization. As well, how senior leadership can lead people into action to address the gaps identified by the key informants by allowing decentralized decision making and using effective communication is discussed.

In their discussion of the organizational commitment to communication study participants identified gaps in the organization that negatively affect their ability to demonstrate the characteristics of effective relationships. Using an archetype (Figure 1) adapted from Senge, (2006, p. 101), the effects of the gaps identified by key informants on the organization could be illustrated as such:

Figure 1: Communication Gaps in regionalized health care systems adapted from (Senge, 2006, p. 101)

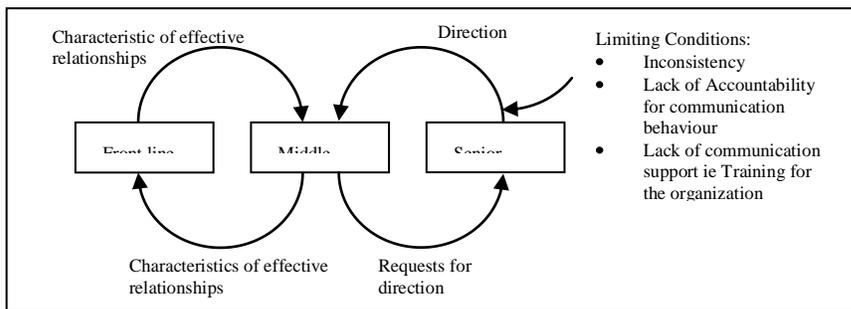


Figure 1 illustrates that if communication is inconsistent, not placed as a high priority it is a limiting condition that negatively affects the relationship between frontline staff and middle managers. As long as the limiting condition remains, effective relationships are negatively affected regardless of the intentions of senior leadership in the organization to communicate clear direction. This conclusion is further supported by Laschinger et. al. (2006) who found that a lack of communication in health care organizations is a barrier to attracting staff into middle manager positions. Therefore, when applying Senge's (2006) archetype the focus is on senior leadership to remove barriers in organizations to support effective communication.

Organizations that are horizontally-structured, guided by shared vision, purpose and vocabulary are more successful in supporting the characteristics of effective relationships. Leadership is essential for organizations in which frontline employees have a shared vision (McNeese-Smith, 1995). Middle managers interviewed in the study identified communication gaps in the organization, such as a lack of training and support for effective communication, a lack of consistency in how communication occurs, and a lack of accountability for how communication occurs from senior leadership. Leaders can demonstrate the characteristics of effective relationships by helping connect what is meaningful for members of the organization with the shared vision and purpose of the organization. Wheatley (2005) writes that new successful leaders are letting go of hierarchical, command and control mechanisms and reaching for "people's innate creativity and caring" (p. 167) to lead members of organizations into new meaningful relationships with their work.

For middle managers in rural integrated health care organizations who are attempting to build effective relationships with frontline staff members, dialogue and discussion (Senge, 2006) provides a greater sense of accountability and consistency for communication. Frontline staff members and middle managers would have the freedom to develop their own solutions and be creative and innovative with the support of senior leadership. Middle managers and frontline staff members would be led by a vision and purpose that would be clearly and consistently articulated by senior leadership. Senior leadership would be allowed to focus on developing that clear vision and purpose of the organization rather than focusing on the processes and approval structures of command and control leadership. Middle managers would experience more learning opportunities to address the training gap key informants identified. Middle managers and frontline staff would have the space to experiment and learn to best support achieving the goals of the organization in a manner that is meaningful to those individuals. Weick (1995) identifies that organizations make sense of change by doing its work, which occurs at all levels of the organization, not only the senior leadership levels. Attributes such as teaching, listening and empathizing, which reflect the key informant's characteristics of effective relationships, are important attributes for leaders in organizations coping with the challenges of change and uncertainty (Hemmelgarn, Glisson and James, 2006). This further supports a horizontal organizational structure and broad-based decision making in organizations. Senior leadership can support middle managers in their efforts to create effective relationships with their staff members by connecting what is meaningful to individuals to the goals of the organization. As well, through shared meaning and

supporting the interaction of staff members, senior leaders can demonstrate the characteristics of effective relationships.

Shifting to a more horizontal organizational structure would also support effective relationships by placing more emphasis on the lower levels of the organizational structure. Decentralized decision making would support the consistency and accountability middle managers are seeking. Decisions made by middle managers with involvement and engagement from frontline staff who are guided by a clear shared vision and purpose of the organization could provide a greater sense of accountability and consistency for all staff. Decisions would make sense based on the existing effective relationships between middle managers and frontline staff members. As Leonard and Sensiper, (1998) state: “Many of the barriers to the sharing of tacit knowledge are the same ones that inhibit innovation in general: hierarchies that implicitly assume wisdom accrues to those with the more impressive organization titles...” (Leonard and Sensiper, 1998, p. 126). Similarly, Senge (2006) states, “without effective local line leaders, new ideas – no matter how compelling – do not get translated into action and the intentions behind the change initiatives from the top can easily be thwarted” (p. 319). Organizations cannot succeed in achieving its goals without the support and commitment of middle managers (Lewis and Kouri, 2004). Weick (1995) takes this idea to the point of suggesting organizations could function without senior levels of leadership because that would free middle-level managers and frontline staff to make sense of their environment and develop organizational controls rooted in relationship-based shared meanings and understandings. Weick (1995) states:

The practical implication of this argument may be that the best organizational design is to do away with the top-management team.

Because the organization makes sense, literally and figuratively, at the bottom, that is all the design that is necessary. Current organizational forms involving teams, lateral structures, and dynamic networks seem to embody this lesson. (p. 117)

Eliminating senior leadership in a rural regionalized health care organization is likely not a practical solution to the communication gaps identified by key informants, but it does illustrate the need for senior leadership to remove barriers in the organization that limit opportunities for middle managers and frontline staff to exhibit the characteristics of effective relationships.

Encouraging and enabling members of an organization to engage in effective communication can address the gaps of a lack of training and support for effective communication, a lack of consistency in how communication occurs, and a lack of accountability for how communication occurs identified by study participants while demonstrating the characteristics of effective communication. Seniors leaders have an important role in enabling organizations to support effective relationships and communication. Leaders can enable staff members to find meaning in their work for the organization, decentralize decision making and lead through effective communication.

### **Chapter 5: Conclusion, Study Limitations and Ideas for Further Research**

The purpose of this study was to examine communication issues for middle managers in rural integrated regionalized health care settings. The study found through key informant interviews that effective communication for middle managers relies on strong relationship between themselves and the staff members who report to them. The relationship-building focus of middle managers is supported by authors such as Wheatley (2005), Senge (2006) and Weick (1995) who contend in complex and constantly changing organizations, such as a rural, integrated regionalized health care organization,

successful communication relies on leaderships that recognize the importance of developing a strong connection with, and between, members of the organization. Key informants also identified challenges and gaps in rural, integrated health care settings that affect opportunities for relationship building that would support effective communication. The challenges identified by key informants related to issues of organizational structure and opportunities to learn from other organizations are identified. Approaching the organization with a living, or open, systems view and structuring the organization more horizontally would address the challenges to relationship building identified by key informants. A horizontally-structured, systems view organization would rely on letting go of command and control mechanisms of organization in favour of developing a shared vision, clarity of purpose and common vocabulary that would provide meaning for members of the organization to connect their work to the vision and goals of the organization. A greater understanding of the connection between an individual's work in the organization and the goals and vision of the organization would serve to ease the challenges to relationship building that key informants identified. Key informants also identified gaps in the organization that are connected to the senior leadership in the organization. The gaps identified are a barrier to effective relationships and removing the barriers can be accomplished through senior leadership in the organization. A leadership approach that decentralizes decision making and encourages greater interaction among members of the organization would serve to remove the barrier identified. Finally, a role for the Communications department to support an organization to address the challenges and gaps to relationship building was identified. Weick's (1995) seven actions were applied to the key findings to highlight opportunities for Communication departments to

support the relationship-building activities of middle managers to enable more effective communication in the organization. This study could be used by Communication departments to inform communication planning and strategy that aims to engage frontline health care staff with the vision and goals of the organization by supporting the connection of middle management to frontline staff members. Further, the study could also be used to assist in the development of ongoing communication training and support opportunities in health care organizations. Finally, the study also highlights more opportunities to research communication practices in rural integrated regionalized health care organizations to contribute to the understanding and knowledge of the topic.

The purpose of this study has been to provide insight into the successes, strengths, challenges or gaps in communication for middle managers in one rural regionalized health care setting. The goals have been to provide insight into the communication for middle managers by considering what could be learned from other organizations and how communications departments in rural regionalized health care settings could support middle managers' communication in a regionalized health care model. This study focuses on interviews with middle managers as key informants. This provided rich insight into the research questions but it is recognized there would also be value in conducting similar interviews with senior leadership and frontline staff members to study if those experiences reflect the findings from the key informants in this study. The time-consuming nature of the qualitative key informant interviews, which is noted as a limitation in this methodology, limited the opportunity to gather data from broader population groups in this study. This limitation highlights an opportunity for further research into communication at the middle manager level in rural integrated regionalized

health care settings. Key informant interviews conducted with frontline staff members and senior leadership about their communication experiences would provide additional insight into the research questions.

Another limitation of the study identified in the findings is also the lack of discussion by key informants about the use to the telephone as a communication technology. The use of the telephone was discussed in terms of an alternate to face-to-face communication and mobile telephones were discussed in terms of being able to constantly stay connected to staff remotely but the strengths or challenges of using telephone technology was not discussed as a means of effective communication. An assumption that could be made is that since the technology is older, people understand the use of the telephone and feel comfortable with it. More research could consider the use of the telephone to determine what could be learned to address its challenges identified by key informants about the use.

Another limitation of the study involved the accountability theme that emerged in the key informant findings. Accountability for effective communication in the organization didn't emerge as a major theme as only some key informants identified accountability as an issue. However, the issue does emerge as an important part of the discussion of the research questions. Accountability didn't emerge until partway through the interviews. It was an issue that was then probed in subsequent interviews revealing rich data about the communication experiences of middle managers. This may indicate a broader issue about lack of accountability was not noted by some many key informants. Future research could further explore the issue of accountability in the communication that occurs in rural integrated regionalized health care settings.

Further, the study addressed broad questions of communication. More research would be needed to provide specific insight into how organizations could practically support middle managers' communication. For example, more research into specific topics such as the role and effect communication technology has on regionalized health care systems would provide insights into how middle managers can address the challenges of using technology to communicate. It would also guide decision making for any policies or guidelines that could be put in place to ensure communication technology is supporting effective communication. As well, more research into what types of meaningful training could be developed to support middle management in rural regionalized health care settings would guide any initiatives to provide professional development support for middle managers' communication.

Finally, it is important to note when considering the findings and discussion of the research is the assumption of the researcher that communication departments in health care organizations can and should play a valuable role in supporting the leadership abilities in an organization. The research assumes communication departments in regionalized health care settings can have a role in health care organizations to improve communication capacity among employees. The research also assumes communications departments in regionalized health care settings are underutilized as a resource to support organizational growth and could provide support for learning and growth in the organization to improve organizational communication. The assumptions about communication departments in regionalized health care settings also provide opportunities to further research to test these assumptions to determine the roles and

capacity of Communications departments to fill a leadership role in developing the communication abilities of within the organization.

### References

- Aiken, L., Clarke, S., and Sloane, D. (2002). Hospital staffing, organization, and quality of care: Cross-national findings. *International Journal for Quality in Health Care*, 14(1), 5-13.
- Baumgar, A. (1997). Hospital Reform and Nursing Labor Market Trends in Canada. *Medical Care*. 35(10), OS124-OS131.
- Bell, J. (2005). *Doing Your Research Project: A Guide for First-Time Researchers in Education, Health and Social Science* (4th Ed.). Berkshire, GBR: McGraw-Hill Education. Retrieved: <http://site.ebrary.com/lib/gprc/Doc?id=10161347&ppg=62>
- Brashers, D. (2001). Communication and Uncertainty Management. *Journal of Communication*, 51(3), 477– 497.
- Canadian Health Services Research Foundation (2008). Coping with structural change: How a regional health authority is helping local public health managers take on new responsibilities. *Health Care Policy*, 4(1), 70-72.
- Carroll, J., and Edmondson, A. (2002). Leading organizational learning in health care. *Quality Safe Health Care*, 11, 51-56.
- Corbin, J., and Strauss, A. (2008) *Basics of Qualitative Research 3e*. Los Angeles, CA: Sage Publications, Inc.
- Decter, M. (1997). Canadian Hospitals in Transformation. *Medical Care*, Vol. 35(10) Supplement: Hospital Restructuring in North America and Europe: Patient Outcomes and Workforce Implications, (Oct., 1997), OS70-OS75.
- Floyd, S., and Woolridge, B. (1992). Managing strategic consensus: The foundation of effective implementation. *Academy of Management Executive*, 6(4), 27-39.

- Floyd, S., and Woolridge, B. (1994). Dinosaurs or dynamos? Recognizing middle management's strategic role. *Academy of Management Executive*, 8(4), 47-57.
- Havens, D., and Aiken, L. (1999), Shaping Systems to Promote Desired Outcomes: The Magnet Hospital Model. *The Journal of Nursing Administration*, 29(2), 14-20.
- Hemmelgarn, A., Glisson, C., and James, L. (2006). Organizational culture and climate: Implications for services and interventions research. *Clinical Psychology: Science and Practice*, 13(1), 73-89.
- Herzig, S., and Jimmieson, N. (2006). Middle managers' uncertainty management during organizational change. *Leadership and Organization Development Journal*, 27(8), 628-645.
- Hinings, C., Casebeer, A., Reay, T., Golden-Biddle, K., Pablo, A., and Greenwood R. (2003). Regionalizing healthcare in Alberta: Legislated change, uncertainty and loose coupling. *British Journal of Management*, 14, S15-S30.
- Laschinger, H., Purdy, N., Cho, J., and Almost, J. (2006). Antecedents and consequences of nurse managers' perceptions of organizational support. *Nursing Economics*. 24(1), 20-29.
- Leonard, D., and Sensiper, S. (1998) The role of tacit knowledge in group innovation. *California Management Review* 40(3)
- Leonard, D., and Swap, W. (1999) When sparks fly: Harnessing the power of groups creativity. Boston, MA: Harvard Business School Press.
- Lewis, S., and Kouri, D. (2004). Regionalization: Making sense of the Canadian experience. *HealthcarePapers*, 5, (1), 12-31.

- LoBiondo-Wood, G. and Haber, J. (2005). *Nursing Research in Canada: Methods, Critical Appraisal, and Utilization*. (First Canadian Edition. Editors Cameron, C and Singh, M. D.). Toronto, ON. Elsevier Canada.
- Lomas, J. (1997). Devolving authority for health in Canada's provinces: Emerging issues and prospects. *Canadian Medical Association Journal*, 156(6).
- Marchildon, G. (2005, November). *Regionalization and health services: Restructuring in Saskatchewan*. Paper presented at Health Services Restructuring: New Evidence and New Directions conference, Queen's University, Kingston, ON
- McNeese-Smith, D. (1995). Job satisfaction, productivity and organizational commitment: The result of leadership. *The Journal of Nursing Administration*, 25(9), 17- 26.
- O'Leary, Z. (2004). *Essential Guide to Doing Research*. London, GBR: Sage Publications, Incorporated, Retrieved: <http://site.ebrary.com/lib/gprc/Doc?id=10080869&ppg=53>
- Philippon, D., and Braithwaite, J. (2008). Health system organization and governance in Canada and Australia: A comparison of historical developments, recent policy changes and future implication. *Healthcare Policy*, 4(1), e168-e186.
- Senge, P. (2006). *The fifth discipline: The art and practice of the learning organization*. New York, NY: Doubleday/Currency.
- Seren, S., and Baykal, U. (2007). Relationship between change and organization culture in hospitals. *Journal of Nursing Scholarship*. 39(2), 191-197.
- Silverman, D. (2005). *Doing qualitative research (2nd ed.)*. Thousand Oaks, CA: Sage.

- Society of Rural Physicians of Canada (2004, April). Policy paper on regionalization: Recommended Strategies. Shawville QC.
- Shamian, J., and Lightstone, E. Y. (1997) Hospital Restructuring Initiatives in Canada. *Medical Care*, 35(10), Supplement: Hospital Restructuring in North America and Europe: Patient Outcomes and Workforce Implications, (Oct., 1997), OS62-OS69.
- Streubert, H., and Carpenter, R. (1999). *Qualitative research in nursing: Advancing the humanistic imperative*. (2<sup>nd</sup> ed.). Philadelphia, PA: Lippincott Williams and Wilkins.
- Streubert, H., and Carpenter, R. (2007). *Qualitative research in nursing: Advancing the humanistic imperative*. (4th ed.). Philadelphia, PA: Lippincott Williams and Wilkins.
- Walston, S, and Chou, A. (2006). Healthcare restructuring and hierarchical alignment: Why do staff and managers perceive change outcomes differently? *Medical Care* 44(9), 879-889.
- Weick, K. E. (1995). *Sensemaking in organizations*. Thousand Oaks, CA: Sage Publications.
- Wheatley, M. (2005) *Finding our way: Leadership for an uncertain time*. San Francisco, CA: Berrett-Koehler Publishers.

## Appendices

### *Appendix A – Interview Questions*

#### **Question 1**

What are some of the different methods you use to communicate to staff members messages that are important to completing their work?

##### **Probe**

How do you decide which method to use?

#### **Question 2**

At present, what is working well with the methods you use to communicate with staff?

##### **Probe**

What do you think makes this communication successful?

#### **Question 3**

At present, what is not working well with the methods you use to communicate with your staff?

##### **Probe**

What do you think makes this communication unsuccessful?

#### **Question 4**

What changes or improvements in the organization would help you communicate with your staff?

##### **Probe**

What specific steps or actions would need to occur to make these improvements happen?

#### **Question 5**

Is there anything else you want to add to help me understand the communication needs of middle managers in a rural integrated health care system?

## ***Appendix B – Interview Schedule***

### **Introduction**

- I am a University of Alberta student in the Master of Communication and Technology program.
- Thank you for agreeing to participate in my research project by doing this interview.

### **Purpose of research**

- Before we start the interview I want to explain the purpose of my research.
- The purpose of this study is to gain an understanding of the current communication related issues affecting middle management in rural integrated health care organizations. It aims to discover learnings from other organizations where communication for middle management is successful and meaningful. Finally, this study aims to explore strategies, mechanisms and resources to support excellence in communication for middle management in rural, regionalized health care settings.

### **Objectives of the study**

1. To assess what are the current communication related issues affecting middle management in a rural regionalized health care system.
2. To identify key learnings from other organizations where communication for middle managers may be more successful and meaningful.
3. To determine what strategies, mechanisms and resources might facilitate successful and meaningful communication for middle managers in rural regionalized integrated health care systems.

### **Why key informant was selected?**

- Participants for this study are being selected from middle management within the Population Health department of Alberta Health Services within the former Peace Country Health geographic region.
- I'm conducting interviews with 8-10 members of this group of approximately 20 people.
- As a member of this group you were invited to be part of this research.

### **Obtain written consent**

I have a consent I'm asking all participants to sign. I'll keep a signed copy of the consent and will provide a copy for your records.

- Provide copy of consent form to sign with an opportunity read and review
- Are there any questions about the consent form or the research?
- Ask participant to sign copy

Now we'll begin the interview.

- Begin interview

### **Interview Questions**

#### **Question 1**

What are some of the different methods you use to communicate to staff members messages that are important to completing their work?

#### **Probe**

How do you decide which method to use?

#### **Question 2**

At present, what is working well with the methods you use to communicate with staff?

**Probe**

What do you think makes this communication successful?

**Question 3**

At present, what is not working well with the methods you use to communicate with your staff?

**Probe**

What do you think makes this communication unsuccessful?

**Question 4**

What changes or improvements in the organization would help you communicate with your staff?

**Probe**

What specific steps or actions would need to occur to make these improvements happen?

**Question 5**

Is there anything else you want to add to help me understand the communication needs of middle managers in a rural integrated health care system?

**End Interview**

Thank you for participating in my research project and sharing your experiences and thoughts by answering my questions. Did you have any other questions about my research or how I'll be using this information? Would you like a copy of the executive summary of the final research report?

### *Appendix C – Participant Informed Consent Form*

The role of communications departments to support middle management leadership in regionalized health care settings

#### **Investigator**

Mark Evans  
780-513-5115  
[mtevens@telus.net](mailto:mtevens@telus.net)

#### **Project Supervisor**

Supervisor  
Dr. Kyle Whitfield,  
University of Alberta, Faculty of Extension  
[kyle.whitfield@ualberta.ca](mailto:kyle.whitfield@ualberta.ca)  
780-492-0165

#### **Purpose of Study**

The purpose of this study is to gain an understanding of the current communication related issues affecting middle management in rural integrated health care organizations. I'm conducting this research projects in partial fulfillment of my Masters of Arts in Communication and Technology Program. The study aims to discover learnings from other organizations where communication for middle management is successful and meaningful. Finally, this study aims to explore strategies, mechanisms and resources to support excellence in communication for middle management in rural, regionalized health care settings. Through key informant interviews the research will assess the current communication knowledge, values and beliefs, capacities and resources of middle management in regionalized rural health care settings to determine what supports could be in place to strengthen middle management's leadership role.

#### **Participants**

Participants for this research will be selected from Alberta Health Services managers in direct leadership roles with frontline employees who have patient or client contact in the rural Alberta geographical area defined by the boundaries of the former Peace Country Health region. Participation is entirely voluntary.

#### **Methodology**

Through semi-structured interviews insight will be gained into participants' knowledge, values and beliefs, and skills about communication in their workplace setting. The data collected from these interviews will be used to gain a deeper understanding of how communication departments can support middle managers in rural, regionalized health care setting.

#### **Confidentiality**

The interviews will be digitally recorded and transcribed. All information collected will be coded to protect the participant's anonymity. Any identifying information such as name, age, credentials, work location, department, and home community will be removed from the final report to ensure

the participants' anonymity. No comments or responses from individuals will be attributed to a specific person. No names will be used at any time in any publication.

**Time Commitment**

The time required for interviews is approximately one hour.

**Funding**

The researcher has no external funding for this project.

**Benefits and Risks**

There are no known personal benefits or risks from participation in this study, although research could be provided to Alberta Health Services communications department program to assist in the development of its programs which may indirectly benefit participants.

**Dissemination of findings**

The findings of the research will be included in the researcher's final Masters of Arts in Communication and Technology project and potentially used by the Alberta Health Services communications department.

**Withdrawal from Study**

You are free to withdraw from the research study without any adverse consequences within two weeks of the interview. You are free to not answer any questions if you so choose. There are no known risks or personal benefits from participation in the study

**Any Questions?**

Please contact:

Investigator  
Mark Evans  
[mtevens@telus.net](mailto:mtevens@telus.net)  
780-513-5115

Supervisor  
Dr. Kyle Whitfield,  
University of Alberta, Faculty of Extension  
[kyle.whitfield@ualberta.ca](mailto:kyle.whitfield@ualberta.ca)  
780-492-0165

**Participant Informed Consent**

I acknowledge that the research procedures have been explained to me and that any questions I have asked have been answered to my satisfaction. In addition, I know that I may contact the people designated on this form, if I have further questions either now or in the future. I have been assured that the personal records relating to this study will be kept anonymous. I understand that I am free to withdraw from the study at any time and I will not be asked to provide a reason.

Please sign and date below indicating your willingness to participate in this study.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Participant)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Printed Name of Investigator)

\_\_\_\_\_  
(Signature of Investigator)

“The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.”

*Two copies of this form will be provided. One will be signed and retained by the investigator. Another will be retained by participants for their records.*

