

**Internal stakeholder communication:
Exploring communication preferences of various
generations of nursing staff at a
central hospital in the Western Cape**

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I, Amanda Lancaster, declare that the contents of this thesis represent my own unaided work and that this thesis has not been previously submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

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The context and background for this study is situated in a public healthcare organisation. Communication and corporate stakeholder management, both with external and internal stakeholders, always needs to be fast and effective in a hospital, because it is often under critical pressure and dealing with life and death. The central hospital that has been chosen as the research environment has been associated with excellence in medical achievements and tertiary training for the past eight decades. Yet, the nursing cohorts in the past were more homogenous; they underwent similar training and mostly operated like a well-oiled machine because of that inherent similarity.

Ensuing from the South Africa's transition into a full democracy in 1994, the nursing components everywhere became more heterogeneous and dissimilar. The research problem in this study is focused on one diverse group of internal stakeholders: the all-important nursing component. The potential combination of four generations of nurses within healthcare institutions has attracted the attention of global academics and nursing specialists for some time now, who have focused on the ramifications that such a multi-generational staff creates in hospitals. Not only do these nurses have to interact effortlessly with each other in the interest of speed, service delivery and the satisfaction of the clients, being patients and their families, but also be assured of effective communication between themselves and management. Any brand, be it a governmental hospital, NGO or profit-driven company, is as successful as its effectiveness in terms of corporate internal communication. Should nurses sense that they do not share meaning effectively with others, the fallout may well be picked up by patients and their families, with resulting criticism from the community of the Western Cape Metro that accesses the hospital.

Kommunikasie met interne belangegroep: 'n Onderzoek oor die onderskeie generasies van verpleegpersoneel se kommunikasievoorkeure by 'n sentrale hospital in die Wes-Kaap

Die konteks en agtergrond vir hierdie studie is in 'n openbare gesondheidsorganisasie geleë. Die kommunikasie bestuur van korporatiewe belanghebbende groepe, ekstern en intern, moet noodwendig vinnig en effektief, en onder kritiese druk plaasvind, terwyl dit soms handel oor lewe en dood. Grootte Schuur Hospitaal, as een van twee sentrale hospitale in die Wes-Kaap, Suid Afrika, word reeds agt dekades met uitnemendheid in mediese mylpale en tersiëre opleiding van mediese professionele geassosieer. Die interne belangegroep van verpleegsters van die verlede was meer homogeen; hulle het dieselfde opleiding deurloop en meestal soos 'n goed-geoliede masjien gefunksioneer. In die oorgang na 'n demokrasie in 1994, het verpleegsters bepaald meer heterogeen en uiteenlopend geword.

Die navorsingsprobleem in die studie is op 'n spesifieke groep van interne belanghouers gefokus: die krities-belangrike verpleegkomponent. Die potensiële kombinasie van vier geslagte of generasies van verpleegsters het al vir 'n geruime tyd die globale aandag van akademië en verpleegspesialiste getrek, wie se studies meestal gefokus is op die komplikasies wat so 'n multi-generasie verpleegsterskorps in hospitale kan meebring. Hierdie verpleegsters behoort nie net gladweg met mekaar te kommunikeer in die belang van effektiewe tydsbestuur, dienslewering en die tevredenheid van die kliënte, die pasiënte en hul familie nie, maar moet ook verseker wees van effektiewe kommunikasie met bestuur. Enige handelsmerk, hetsy dit 'n regeringshospitaal, NRO of winsgedrewe maatskappy is, is slegs só suksesvol as hulle hantering van interne korporatiewe kommunikasie. Indien verpleegsters die persepsie vorm dat hulle nie suksesvol betekenis deel met ander nie, kan dit die welsyn van die pasiënte en families beïnvloed, met gevolglike kritiek van belastingbetalers wat diens benodig.

Die navorsingsvrae wat vir die studie ontwikkel is, ondersoek hierdie kwessies in 'n poging om interne belanghebbende-kommunikasie te optimaliseer. Die navorsingsvrae en doelwitte is daarop gefokus om insig oor die bestaande kommunikasie-kwaliteit, -konstruksie en -kultuur tussen die bestuur en verpleegsters te verkry. Dit verken ook die moontlike toepassing van die verkreeë data om interne kommunikasie tussen die verskillende generasies van verpleegster te optimaliseer en die handelsmerk te bevorder.

Die spesifieke generasies van verpleegster en hulle kommunikasiestyle, -voorkeure en behoeftes word aan die hand van 'n kwalitatiewe navorsingsontwerp ontleed, met die gebruik van twee pertinente kwalitatiewe metodologieë. Die eerste metode gebruik kwalitatiewe inhoudsontleding van 'n groot aantal beskikbare interne hospitaaldokumentasie om sodoende sterktes en moontlike bedreigings vir suksesvolle interne kommunikasiebestuur te identifiseer, en konstrueer en temas vir die ontwerp van 'n semi-gestruktureerde onderhoudskedule aan te isoleer. Die tweede fase, kwalitatiewe onderhoude, gebruik die onderhoudskedule vir verpleegsters op verskeie werksvlakke en op grond van hulle affiliasie met bepaalde generasies: Die Stil Generasie, Baby Boomers, Generasie X en die Millennials.

Op grond van hierdie persoonlike onderhoude is die indruk gevorm dat die potensiaal vir misverstande en oneffektiewe kommunikasie tussen die onderskeie generasies baie moontlik is, wat uiteraard uitdagings aan die bestuur rig om suksesvolle organisatoriese en interne belangegroep-kommunikasie te optimaliseer.

Die bevindings dui daarop dat die lede van die kenmerkende generasiegroepe elkeen uiters spesifieke behoeftes en voorkeure vir kommunikasie in die korporatiewe konteks het. Die tradisionele, hiërargiese en silo-agtige bestuurstyl van jare gelede is 'n pertinente punt van omstredenheid, omdat dit nie daarin slaag om die interne belanghebbendes in 'n samehangende eenheid te verenig nie. Die ouer generasies dring aan op hiërargiese bestuur en respek; die jonger groep verkies modern tegnologiese en informele kommunikasie.

Dit sou voordelig wees indien die sentrale hospital se bestuur en leiers 'n verbeterde en meer egalitiese kommunikasiestyl kan implementeer waarvolgens erkenning aan al die individue in die verpleegstergroep gegee kan word. Tweedens moet bewese korporatiewe en openbare skakelingsmetodes betrek word ten einde kommunikasiesukses te verhoog, wat ook die beeld van die instelling bevorder.

Die kwessies wat tydens die onderhoude bevestig is, korrespondeer met die temas wat navore getree het tydens die inhoudsontleding van dokumente oor kommunikasiekwaliteit.

Ten laaste beveel die studie aan dat daar meer navorsing oor die sukses van openbare skakelingsmetodes in 'n Suid Afrikaanse openbare diens-omgewing gedoen word, samehangend met 'n verheldering oor die belangegroep wat die handelsmerk se beeld reflekteer en bou, die reputasie waarborg en die personeel veilig en tevrede laat voel.

Sleutelterme:

Interne belangegroep-bestuur; korporatiewe kommunikasie-bestuur; generasies, bestuur van belangegroep; gesondheidsorg; hospitale; organisatoriese kommunikasie; openbare skakeling; reputasiebestuur.

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Glossary of terms

Term	Definition
Baby Boomers	The largest of all generations born between 1948 – 1964 (Mokoka, 2015)
Block System	System for nurse training whereby lectures alternate with ward duties, and several weeks spent in each context (Digby & Philips, 2008, p. 162)
Branding	Brands are conditional, intangible and legal assets of an organisation. They act like a signal of perceived value to all the stakeholders (Maurya & Mishra, 2012, p. 128) and is ultimately important in the minds of all stakeholders
Burden of Disease	The human and economic costs that result from poor health are frequently described as the burden of disease. Many researchers use the phrase “‘the’ burden of disease,” which suggests that there is a single, accepted definition. The term burden of disease, however, has a variety of meanings, depending on who is talking and what they are talking about (National Collaborating Centre for Infectious Disease, n.d.).
Central Hospital	<p>Groote Schuur Hospital is one of two Central Hospitals in the Western Cape, South Africa. A Central Hospital:</p> <ul style="list-style-type: none"> • Provides a tertiary hospital service and central referral service. It may also provide a national referral service. • Provides training for Health Care Providers • Conducts research. • Receives patients referred to it from more than one province. • Must be attached to a medical school as the main teaching platform (in the case of GSH, UCT Faculty of Health Sciences). • Must have a maximum of 1 200 beds. <p>(Republic of South Africa, 2011, p. 5)</p>
Corporate communication	A set of activities involved in managing and orchestrating all internal and external communications, aimed at creating favourable starting points with stakeholders on which the company depends (Van Riel & Fombrun, 2007, p. 25)
Dialogue	Ethical and practical approaches and conversations to public relations, which is an important step toward understanding how organisations can build relationships that serve both organisational and public interest (Kent & Taylor, 2002, p. 23)
Disruption	An interruption in the usual way that a system, process, or event works (Business Dictionary, 2017).
Employee engagement	Employee engagement is the emotional commitment the employee has to the organization and its goals (Kruse, 2012).
Engagement	Employee engagement is not a single concept; instead it consists of different levels, ranging from the job to the organisation. Each level of engagement

Term	Definition
	motivates different beneficial organisational outcomes and is predicted by a unique set of drivers (Edwards, 2018, p. 2).
Entropy	The measure of the level of disorder in a closed but changing system and in day-to-day life. It manifests in the state of chaos in a household or office when effort is not made to keep things in order (Business Dictionary, 2017).
Generation gap	In the Oxford Dictionary, the generation gap is referred to as differences of outlook or opinion between younger people and older people, which results in lack of mutual understanding. In the Webster Dictionary, it is defined as a wide difference in attitudes and opinions of generations (Azma, Kazemi-Malekmahmoudima, Khombehbini, Rajabizadeh, Hamid, 2016).
Generation X	The generation born between 1961 – 1981 (Mokoka, 2015)
Generational cycle	A four-part process of history spanning roughly 80 years, defined by successive 20-year cohorts of idealist, reactive, civic and adaptive characteristics (Howe & Strauss, 2009).
Generations	A whole body of persons born about the same time (Sutton, 2005; Codrington & Grant-Marshall, 2011); shaped by events or circumstances according to which generational phases of life its members occupy at the time (Howe & Strauss, 2009).
Information economy	Economy in which knowledge is the primary raw material and source of value (Business Dictionary, 2017).
Internal stakeholder communication	The strategic management of interactions and relationships between stakeholders at all levels within organisations (Welch & Jackson, 2007, p. 183)
Leadership	A clearly discernible individual or a group of individuals within an organisation that guides it to accomplish its goals (Wrench & Punyanunt-Carter, 2012, pp. 18-22).
Lean management™	Lean is a systematic approach to producing more (goods, services) with higher quality by engaging the hands and minds of the people doing the work in a disciplined and commonly understood method of problem-solving (Ehrenfeld, 2013, p. 1)
Laissez faire	A French term: The practice or doctrine of non-interference in the affairs of others, especially with reference to individual conduct of freedom of action (Business Dictionary, 2017).
Management Communication	Communication, as a management function is the process of creating, communicating and interpreting ideas, facts, opinions and feelings about work performance, organisational effectiveness and efficiency as well as goals attainment in organisation (Markovic, 2018).
Marketing	Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large. (American Marketing Association, 2017)
Millennials or Generation Y	The generation born between 1980 – 2000 (Mokoka, 2015)
Nursing	Nursing is a vital part of the healthcare system and nurses are described as the 'heartbeat of healthcare. They direct their energies towards the prevention, promotion, maintenance and restoration of the individual's health. Expansive knowledge is required for nurses to perform their duties and render holistic patient care competently, ethically and legally (Singh & Mathuray, 2018).

Term	Definition
Organisational behaviour	A scientific field of study dedicated to understanding, explaining and appreciating the many forces that affect behaviour in organisations, and making correct decisions about how to motivate and coordinate people and other resources to achieve organisational goals (Bagraim, Cunningham, Pieterse-Landman, Potgieter, Viedge, 2011, p. 3)
Organisational communication	The centralized management on behalf of the organization; the function is a critical contributor to an organization's reputation – and thereby the competitiveness, productivity, and financial success (Doorley & Garcia, 2007, p. ix)
Organisational culture and climate	A system of shared assumptions or meaning held by members that distinguishes an organisation from others (Bagraim, J; Cunningham, P; Pieterse-Landman, E; Potgieter, T; Viedge, C., 2011, p. 31). Organisational culture consists of the norms, values and unwritten rules of conduct of an organization as well as management styles, priorities, beliefs and Inter-personal behaviour that prevail.
Organisations	Bounded communities, as processes and sites of contest or of meaning-making (L'Etang, 2008, p. 190). A collection of people who work together to achieve a wide variety of goals (Bagraim, et al., 2011, p. 3)).
Public Relations	Public Relations is the management, through communication, of perceptions and strategic relationships between an organization and its internal and external stakeholders (PRISA, n.d.). Public relations assist an organization and its publics to adapt mutually to each other. Public Relations broadly applies to organizations as a collective group, not just a business; and publics encompass the variety of different stakeholders (PRISA, Public Relations Society of America).
Presenteeism	Lost productivity that occurs when employees come to work but perform below par due to any kind of illness or other condition (Levin-Epstein, 2005).
Reputation	Reputation = Sum of Images = (Performance and Behaviour) + communication. Performance and behaviour, as well as communication, are critical components of reputation (Doorley & Garcia, 2007, p. 4)
Reputation Management	A long-term strategy for measuring, monitoring and managing an organization's reputation as an asset. Comprehensive Reputation Management is to reputation what risk management is to other assets (Doorley & Garcia, 2007, p. 8)
Silent Generation or Traditionalists	The generation born between 1931 – 1942 (Mokoka, 2015)
Spin	The concept of "spin" is described as a form of propaganda, i.e., to communicate something in a way that changes the way people are likely to perceive the issue. Spin is intentionally misleading and can give the opposite impression of the actual issue (WhatIs, 2019). It is often said that public relations' function is to "spin" stories for the press and other stakeholders, which adds an element of untruth to the concept.
Stakeholders	<i>Literature indicates that there is no agreement on the concept of stakeholders and available references are dated. The definitions available are thus dated.</i> Groups and individuals who can affect or are affected by the achievement of an organization's mission (Freeman, 1984, p. 52).

Term	Definition
	Groups that can be “managed” towards a notion of stakeholders as groups involved in dynamic interaction with post-bureaucratic, networked organizations (Calton and Kurland, 1995).
Stakeholder engagement	<p>The process of involving individuals and groups that either affect or are affected by the activities of the company (Sloan, 2009, p. 26)</p> <p>Contained in the idea of “stakeholder enabling” is an increased focus on establishing and maintaining mutually beneficial dialogues where the organizational license to operate can be established or negotiated (Johansen & Nielsen, 2011, p. 206).</p>
Internal Stakeholders	Internal Stakeholders are those parties, individuals or groups that participate in the management of the company. They can influence and can be influenced by the success or failure of the entity because they have a vested interest in the organisation. Primary Stakeholders is the alternative name of the Internal Stakeholders (Surbhi, 2015).
External Stakeholders	External Stakeholders are those interested parties who are not a part of the management, but still indirectly affected by the work of the company. They are the outside parties, which form part of the business environment. They are also known as Secondary Stakeholders. They are the users of financial information of the company, in order to know about its performance, profitability, and liquidity (Surbhi, 2015).
Strategic Communication	The purposeful use of communication by an organization to fulfil its mission (Hallahan, Holtzhausen, Van Ruler, Verčič, 2007, p. 3)
System	An organised set of interacting parts (subsystems), i.e. each subsystem affects other subsystems within the total organisation (Smith, 2011).

Acronyms

CEO	Chief Executive Officer
CPUT	Cape Peninsula University of Technology
DOC	National Department of Health Department of Communication
GPS	Groote Schuur Hospital Performance System
GSH	Groote Schuur Hospital
HEIs	Higher Education Institutions
HST	Health Systems Trust
ICAS	Independent Counselling and Advisory Services
NDoH	National Department of Health
NRHEC	National Health Research and Ethics Council
OHSC	Office of Health Standards Compliance
PERSAL	WCGH personnel database
PRISA	Public Relations Institute of South Africa
SANC	South African Nursing Council
UCT	University of Cape Town
UCT FHS	University of Cape Town Faculty of Health Sciences
UK	United Kingdom
USA	United States of America
WCGH	Western Cape Government, Health, referred to as Head Office
WHO	World Health Organisation

Introduction and background to the study

Sooner or later, all of us become consumers of healthcare services. What if, when we are a patient in a hospital or other healthcare setting, there are not enough qualified, competent nurses to care for us? Or what if the nurses around us don't work together as an effective team?

Research confirms that to alleviate potential medical errors, effective teamwork is needed, multiple individuals collaborating to provide optimal care.

Nursing shortages are increasing ... and are exacerbated by a significant change in age groups that make up the healthcare workforce. Generational theorists predict that these generational-based tensions would not solve themselves and organizations are now agreeing, as they adopt various generational interventions.

(Cahill & Cima, 2016, p. 63).

1. Title

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a central hospital in the Western Cape.

1.1. Introduction to the study

All hospitals across the world has a multitude of functions, tasks and people who are the important role-players and stakeholders of all the work of such a hospital. In any health organisation, such as a hospital regardless of its size, is the critical requirement of communication. It has been said that the human being cannot *not* communicate, since that is the only way in which it can manage its tasks, functions and organisation. One of the distinctive areas of communication work takes place in the sphere of public relations. Communication will take place, and the better it is organised and managed, the more effectively it fulfils its objectives and tasks, regardless of whether it is in relationship to external or internal stakeholders and interested parties. The tasks of management are unavoidable, and are focused on optimising the functioning and daily unfolding of an organisation's external and internal stakeholders.

Internal stakeholders, in the case of a healthcare organisation and hospital would include all doctors, nurses and managers working as a multidisciplinary health team to fulfil the tasks of that hospital, while external stakeholders would be all the companies, service providers and particularly the patients and their families. These people are in the biggest sense the *raison*

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d'être of any hospital, and therefore represent some the most important external stakeholders.

In the case of the specific hospital under research and discussion in this dissertation, this group of people constitutes the relationships with the core business of the hospital, as can be seen from its mission statement: "... to provide person-centred quality healthcare." Another important external stakeholder in this study is the University of Cape Town Faculty of Health Sciences (UCT FHS). As a central hospital, GSH provides a teaching and training platform for health professionals (particularly doctors and nurses), as well as a crucial research platform for academics connected to the hospital. The collaboration between GSH and UCT has always set a high international standard of clinical care, teaching and research, and indeed forms a part of the Number One University in the country (2019).

Puth (2002, p. 12) advises that communication and leadership go hand in hand and, because an organisation essentially consists of people, "communication could be called the lifeblood of organisational leadership" (2002, p. 4). As stated in the introduction, "Leading" is a key component of the objectives of GSH and therefore, to maintain its outstanding reputation and continue building the GSH brand, leadership ability and the management of internal stakeholder communication as a function of public relations, is of critical importance and requires investigation.

1.2. Background to the research problem

Groote Schuur Hospital (GSH) in the Western Cape, South Africa, celebrated its 80th anniversary in 2018 by commemorating its long history of innovation and excellence. The most famous accomplishment in the history of GSH is the world's first successful heart transplant by Dr Christiaan Barnard 50 years ago. Constant new developments are taking place to keep up with healthcare that is becoming increasingly more advanced and specialised across the globe. In addition, the hospital has played an important role in the lives of the local community since it opened its doors in 1938 (Patel, 2017a). Therefore, this historic landmark has a sterling reputation and has become a brand that is recognised both locally and globally.

In its early days, employees that worked at GSH for a long time referred to the organisation as their 'family', suggesting that colleagues worked as a close-knit group, viewing one another positively and whose interaction was collegial and supportive, and crucially, that individual interests were considered within wider collective interests (Digby & Philips, 2008, p. xxv).

In 1996, The World Health Organisation (WHO) predicted that there would be dramatic changes in the health needs of the world's population and by the year 2020, non-communicable diseases, such as depression and heart disease, would rapidly be replacing the traditional enemies such as infectious diseases and malnutrition. As this prediction has become reality, particularly because of new resistant pandemics, serious challenges to healthcare systems have resulted, forcing difficult decisions about the allocation of scarce resources (Harvard School of Business, 1969, p. 1).

In 2013, the CEO of GSH declared that the hospital could not continue with "business as usual." Change was required and could only be achieved through improved and appropriate leadership and by driving innovation with a view to improving the quality of healthcare (Patel & Van Niekerk, 2014). This dramatic declaration signalled the start of a strategic journey with the theme of *Leadership, Innovation and Change*, which in 2015 formed the basis of yet another new vision – *Leading Innovative Healthcare*. To achieve its vision, the Groote Schuur Hospital Performance System (GPS) was developed to measure continuous improvement by standardising work processes through the principles of Lean Management™ (Patel, 2017b, p. 7). In a related document that set out the principles of the GPS, staff attitude and poor communication were cited as key reality challenges that the hospital was facing (Patel, 2017c).

1.3. Statement of the research problem

Taking into account that life and death is at stake in any hospital or healthcare organisation, it is questioned how one would smooth out the wrinkles between potentially four generations of workers in one environment; and when collaboration and teamwork are of the essence, how one would address the antagonism that often exists between various generations. In addition, the entire nursing component is characterised by the typical South African diversity in terms of race, ethnicity, language and culture, and gender. There is therefore a need to test whether it is possible to ensure effective and meaningful internal stakeholder communication, should the various generations indeed have innate inclinations to see their own knowledge and world experience as the dictating and preferred one. Furthermore, there is a need to explore whether it is at all possible to convince a Silent Generation sister that came from an era of formal convent headdress to collaborate with a Millennial nurse who lives her life on her smartphone. These questions form the main problem area of this study.

1.4. The discipline of corporate healthcare communication

1.4.1. Management of communication in a healthcare environment

Communication management at GSH is governed by the Department of Communication of the Western Cape Government, Health (WCGH). This structure is rigid in terms of corporate identity guidelines and preferred media channels. In contrast to the objectives of GSH, there is most likely room for more creativity and innovation in terms of public communication. The same may be said with regard to national governance of communication. The Department of Communication (DOC) of the National Department of Health (NDOH) was established in May 2014 with a vision of “vibrant and sustainable communication services for citizenry and a positive image of South Africa”. However, not all of these structures give due consideration to internal stakeholder communication, particularly those employees that are the backbone of caring for sick patients.

While this study aims to approach the research problem from traditional models of effective public relations and brand management within the larger framework and context of health communication, it is directly related to the domain of internal stakeholder communication.

1.4.2. Effective corporate communication and stakeholder management

The concepts of “brand”, “image” and “reputation” are closely related and are relevant elements of corporate communication practice as they represent various points of view of the internal stakeholders, and their pragmatic implications differ. Definitions of “brand” vary but, according to Van Riel and Fombrun (2007, p. 38), what they have in common is “creating an image in the minds of observers”. “Image” is a related term that “describes the specific configuration of perceptions that take root in the minds of observers”. “Reputation” may be described as “an overall assessment that stakeholders have of an organisation’s ability to fulfil their expectations.” The image of the various activities of an organisation such as finance, recruitment, product and social responsibility thus contribute towards the positive or negative reputation of an organisation. To create consistency within the organisation it is of particular importance to create a platform of understanding of these constructs for effective dialogue to take place and to manage corporate communication (2007, p. 39).

South Africa often finds itself in a shaky and tenuous environment when it comes to public healthcare for the masses in light of changes in the political and social environment, which include demography, socio-economic determinants of health, burden of disease and its associated risk factors, climate change, advances in technology and limited resources

(Western Cape Government Health, 2014a, p. xiv). A positive reputation for healthcare in South Africa and the Western Cape is vital as it affects not only healthcare governance, but also the members of the public that the WCGH serves. Institutions such as GSH are ambassadors for the reputation of healthcare in the Western Cape and the country as a whole when it comes to the patient's experience, recovery and success for the organisation.

Newsworthy reports in the media relate largely to either positive or negative patient experiences. An example is the traumatic Life Esidimeni scandal where 144 state patients lost their lives (Chabalala, 2018). As the tragedy unfolded, it highlighted the function of the Office of Health Standards Compliance (OHSC) to safeguard standards of healthcare facilities in South Africa. Subsequently this body has been inundated with complaints to its consumer hotline, as described by the CEO of the OHSC, "we have seen an increase in the volume and scope (of complaints)" about service and communication (Kahn, 2018).

The reputation of healthcare at government institutions is therefore a risk factor that needs to be monitored closely to alleviate medico-legal consequences that cost the organisation both financially and by loss of reputation and brand equity. It also calls into question the ethical practices of healthcare workers. The brand or reputation of a hospital such as GSH is an asset that sets it apart from many other institutions and its employees are the direct channels for the image of excellence that the hospital has achieved and contribute to the overall reputation of healthcare in the Western Cape.

1.4.3. Stakeholder communication: internal and external

Communication, high performance clinics, engaged staff and satisfied patients are all linked in successful management (Hartland, 2018). "Employee engagement" implies that employees, as internal stakeholders of the hospital, need to participate in the daily activities of patient care at the hospital as well as the strategic objectives of the organisation. Internal stakeholder communication is thus a crucial part of the activities of corporate communication. Effective internal stakeholder communication with strong interpersonal and organisational relationships would therefore ensure that the reputation of the health service in the Western Cape is not damaged and the image and brand of GSH is maintained. As long as any brand is achieving its targets, the economic equity of that brand is ensured, which is what all organisations and companies desire.

Many organisations still consider communication with internal stakeholders as regular or irregular memoranda and company newsletters that tells employees what is going on in the organisation (Sullivan, 2013, p. 2). Sullivan argues that internal communication deserves the

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same level of thought and creativity as external communication, meaning that the most compelling brand messages should be aimed at engaging with employees. Ketchum (2017) adds that a clear understanding of how employees' work contributes to achieving the overall goals of the organisation drives them to be better. In addition, constructive and successful internal communication as a facet of corporate communication would contribute to positive internal stakeholder relationships, particularly between senior management and employees (Welch & Jackson, 2007, p. 180).

Should the research assumption for this study prove to be valid: that internal stakeholder communication is compromised due to communication blockages, strengthening of internal stakeholder communication processes and addressing the needs of the staff would be vital for successful healthcare and service delivery in the Western Cape.

1.4.4. Internal stakeholder communication and management: the nursing component

Contemporary media and scholarly literature bring to the fore the issue of "dealing with Millennials". The global phenomenon of at least four generations of nurses working side by side in hospitals often focuses on the so-called Millennials as the cause of many problems. Differences between generations of nurses are, however, not new (Weston, 2006). Digby and Philips (2008, p. 191) add to the conjecture that the nursing profession in South Africa has been described as a "divided sisterhood" as it displays the tensions of distinctive races, classes, ages and genders of the divided society in which it originated 25 years ago in its transition to a democratic country. Professional contention between matrons and nurses, for example, has been evident since the early years of the nursing profession in South Africa (Digby & Philips, 2008, p. 192), making the collaboration of various generations a focal point in academic and industrial studies of healthcare communication.

A further condition that influences internal stakeholder communication appears to be inherent changes in nursing education. According to the traditional model of nursing education, student nurses were paid employees of the relevant training hospital that they chose to work at and were treated as employees, paying them a monthly stipend with all-inclusive packages as part of their bursaries while they study (Jacobs, et al., 2019, p. 1). Subsequently, one of the recommendations that emanated from a National Nursing Summit in 2011 was that nursing students should have the status of full students (rather than employees). Students were to be placed in a variety of health establishments linked to Nursing Education Institutions (NEIs) for their clinical training (Republic of South Africa, 2013, p. 13).

Student nurses thus do not form part of the hospital nursing establishment and since 2010 student nurses have relied on bursary payments for financial support (Jacobs, et al., 2019, p. 1). There is an assumption that Baby Boomers that have taken over from the retired Silent Generation may see the incoming Millennial nurses as less professional because they may be students that are not part of the hospital establishment, as they were when they trained.

Against this background of changes in nursing education, there has been a shift in the thinking and approach towards Millennials, which arose from international student-led protests. In South Africa, the revolts played out under the #FeesMustFall movement that gained momentum in 2015/16 and spread across the country, turning to violence at various universities. While the national #FeesMustFall movement has been lauded for its achievements in raising awareness of the crisis in higher education in South Africa, these chaotic events reverberated throughout the UCT FHS and GSH as Millennials vocally verbalised their demands at every turn (Langa, 2018, p. 8). Subsequently, management at GSH started discussions on “how to deal with the Millennials”.

The nursing environment is highly hierarchical and categorised, which may contribute to ineffective internal stakeholder communication. Senior staff comprises the senior manager, deputy managers, assistant managers, clinical facilitators, and operational managers. Ward staff are categorised according to their qualifications, being registered nurses, enrolled nurses and enrolled nursing assistants.

Over and above the complex structure of the nursing environment, nurses have grappled with the post-apartheid era that brought diversity of culture and language. In addition to these factors, generational differences relate largely to the perceptions that older and younger nurses have of each other due to socio-economic and educational changes in nursing. Nursing is a traditional work function where change may be resisted because of how things were done “in the old days”, leaving the organisation stuck in out-dated styles that lack the capacity and time to experiment with new models of communication and leadership. There are many “resistant” older practitioners of nursing who see younger generations as careless and rebellious.

Akpabio (2004) confirms that nurses constitute the majority of available healthcare professionals and, therefore, they are able to assume the role of frontline workers. As the largest component of the staff complement of GSH, nurses work closely with the patients and their families by dealing with questions or complaints, and the relationship between the nurse

and patient may become the yardstick through which the reputation of the hospital would be judged. Ineffective communication between internal stakeholders, being management and nurses, would result in the patients being affected negatively.

A phenomenon has emerged where a purported four generations of nurses are working side by side within hospitals. It appears as if this trend is not specific to the hospital chosen as the research population, as the subject is documented and researched by nursing scholars worldwide (Davis, 2017, p. 4; Moore, et al., 2016; Nursing Times, 2106, p. 12; (Bethea, 2017).

There are three issues at stake:

- generational characteristics and traits;
- diversity, attitudes and beliefs; and
- perceived professionalism.

Each generation has been attributed with certain characteristics that enhance and challenge workplace roles and communication (Lipscomb, 2010, p. 267).

- The Silent Generation is hard working, and cautious (Sherman, 2006 in Bell, 2013, p. 205). Their valuing of a strong work ethic, hierarchies, professional respect and loyalty still shapes the nursing workforce culture (Stanley, 2010 in Bell, 2013, p. 205).
- Baby Boomers expect respect, face-to-face communication and undivided attention from those that they are speaking to.
- Generation X, on the other hand, has a need for older nurses to get to the point and prefers to make use of email (Pollak, 2015) and avoid micromanagement (Cutts, 2017).
- Millennials want to be treated with appreciation and be challenged respectfully (Lipscomb, 2010, p. 267).

These generations of nurses are likely to have differing communication styles that could logically lead to generational conflict in the workplace due to expectations that are based on what life was like when they grew up.

In addition to the challenge of a possible working style, Lipscomb (2010, p. 269) is of the opinion that generational differences and misunderstandings are often a direct result of the failure of a team to understand the framework of values, beliefs and work ethics of each generation. Generational diversity, including workforce differences in attitudes, beliefs, work habits, and expectations, has proven challenging for nursing leaders (Sherman, 2006).

Management applies strategies to attract, engage and retain its nursing workforce. However, it is also important to acknowledge that generational nuances influence the motivation and choices across the workforce (Jones, McLoughlin, Brown, Warren, Davies, Jamieson & Crofts, 2016).

Having studied the characteristics of various generations, a further factor that may affect internal stakeholder communication among nurses of various generations is the way in which Traditionalists and Baby Boomers perceive Millennial nurses coming into the service. Millennials may be viewed as less professional due to changes that have taken place in the nursing education structure. While having noted that the issue is by no means limited to the chosen research environment, or the healthcare system, the context in which internal communication takes place is critical, and in this study, the specific reasons for dissatisfaction as observed through various studies are further investigated through interviews with different generations of nurses.

1.5. Primary and secondary research questions

1.5.1. Primary research question

What is the current quality, structure and culture of internal stakeholder communication between management and nursing at a central hospital in the Western Cape; and how can this information be applied to enhance internal stakeholder communication between the various generations of nurses to support the overall brand?

1.5.2. Secondary research questions

1. What is the current quality, structure and culture of internal stakeholder communication between management and nursing at a central hospital in the Western Cape?
2. What are the perceived communication challenges in the context of internal stakeholder communication management with respect to nurses?
3. What generations of nurses are currently internally employed as part of the internal communication stakeholders at Groote Schuur Hospital and what are their unique preferred communication styles, preferences and needs?
4. How could more effective internal stakeholder communication between management and these various generations at Groote Schuur Hospital contribute to improved communication management, internal communication and the brand of the organisation?

1.6. Aims and objectives of the research

1.6.1. Primary aim of the research

The primary aim of this research is to explore and explain the phenomenon of various generations of nurses that currently work together at GSH and to identify the major challenges regarding the current quality, channels and formats of internal stakeholder communication against the background of the needs and preferences of these various generations of nurses.

1.6.2. Secondary research objectives

The secondary research objectives that unfolded from the formulation of the main aim and primary research question are as follows:

1. Define the concept of internal stakeholder communication in a health organisation such as GSH.
2. Explore the current channels of internal stakeholder communication between these various generations of nursing staff at GSH.
3. Investigate how the current structure and quality of the organisation influence internal stakeholder communication within the nursing domain at GSH.
4. Identify the currently employed generations of nursing staff and their culturally associated thinking at GSH.
5. Explore preferred styles, cultures, preferences and needs of communication of these various generations of nurses that work at GSH.
6. Gain an understanding of how improved internal stakeholder communication with and between the various generations of nursing at GSH can contribute to the brand and reputation of the hospital within the community that it serves.

1.7. Research paradigm, design and methodology

The research paradigm, design and methodology will be discussed in broad detail in Chapter 3. A qualitative paradigm was chosen for the study, as this enabled the researcher to work in an explorative way with the more personal and subjective aspects of a multi-generational nursing workforce.

The chosen qualitative design comprised two approaches:

1. A textual document analysis of documents that focused on various investigations, examinations and audits that relate to staff satisfaction, client satisfaction, and

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organisational culture at GSH were perused to identify which communication challenges are most often experienced. The documents were analysed for any references to and about the climate, methods, structure, channels and nature of internal communication. Key words and concepts relating to communication and internal stakeholder management were identified and noted. These constructs and concepts became instrumental in the second part of the research by providing points of departure for the semi-structured one-on-one interviews with the various generations of nurses.

2. A semi-structured one-on-one interview schedule was designed to guide the researcher through interviews with chosen nursing staff members to explore their perceptions and experiences regarding the current quality of internal stakeholder communication. These interviews were transcribed by the researcher and the information is available in full. Interviews focused on generational differences, characteristics and styles of communication, as well as their distinctive needs and preferences. The research paradigm, design and methodologies are discussed in full in Chapter 3 (reference 3.1).

1.8. Theoretical framework of the study

Three theories contributed to the understanding of the research problem:

1.8.1. Systems theory

A system is defined as “a set of interacting units that endure through time within an established boundary by responding and adjusting to change pressures from the environment to achieve and maintain goal states (Smith, 2011)”... “forming an internally organised whole that operates as one in relation to its environment and to other systems” (Poole, 2014, p. 51); and “has an observable pattern of relationships among actors” (McPhee, Poole & Iverson, 2014). There are a number of management concepts within systems theory, which are described below.

Table 1.8-1 Systems concepts of management (organisational theory) (Smith, 2011)

Concept		Expressed as
System		Organised set of interacting parts (subsystems). Each subsystem affects other subsystems within the total organisation.
Common subsystems within most organisations	Management	Oversight, control, policy, decision-making
	Boundary	Public relations, supporting both management and organisational subsystems

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Concept		Expressed as
	Production	Manufacturing, service
	Disposal	Distribution, sales, service delivery
	Maintenance	Personnel, development
	Adaptive	Research, planning

These management concepts assisted with the understanding that the role of public relations is to support management and other organisational subsystems.

Communication is a central means by which organisations organise, structure themselves, and at the same time adapt to their environment (Kennan & Hazleton, 2006, p. 317). Communication is thus essential and internal public relations emerges as a holistic activity by which systemic components adjust to each other. Smith (2011) concurs and advocates systems theory as a useful way for public relations practitioners to understand the relationship between an organisation and its publics and the role of public relations within an organisation. Poole (2014, p.50) adds that systems theory, for organisational communication research, provides the potential to understand the complexity of organisations and organisational communication in a meticulous, manageable fashion, as well as how all levels engage within their environments. It proposes simple measures to manage complex processes, as many public relations problems arise because of organisational decisions or action taken (or not taken):

- not adapting or seeking to adapt within their environment
- not holding themselves accountable to their publics and stakeholders
- not engaging in transparent and/or timely communication, and
- not focusing on customers or other publics.

These actions may be due to an organisation that functions as a closed system that has impermeable boundaries and that seeks little interaction or accommodation with its environment, which may be the case within the WCGH.

1.8.2. Structuration theory

Structuration theory is “a critical systems theory that accounts for an underlying generative structure and rules and resources of the observable system” (Poole, 2014, p. 64). While structures are “the rules and resources that actors depend on in their practices” (McPhee, et al., 2014, pp. 75-76). Systems include micro- and meso-level interaction, such as groups, larger organisations and networks; and macro-level units that comprise, e.g. economic sectors or inter-societal systems.

Structural theory scholars focus on the structural nature of communication. Two features support making sense communicatively, viz.

1. Structuring of a flow of intentionality whereby the speaker or writer is normatively and semantically accountable for being meaningful, and
2. Interpreting reflexively an appropriate communicative intent.

Thereby communicators develop a standardised system with duality, rather than a text-conversation language (McPhee, et al., 2014, pp. 78-79). It has become important in research related to organisational communication due to its analysis of interaction and potential association with higher system-level phenomena.

Diagram 1.8.2 (below) provides a visual understanding of processes, structures and systems that guide communication within an organisation such as GSH. Processes form out of the strategy and actions that will be taken to achieve its objectives. Such activities take place within structures that provide the channels, rules and procedures, as well as the resources for sustainability. Systems guide the groups that are formed within the structures. Members of the organisation engage according to the guiding structures. Such structures either restrain or enable the interaction between the members. As stated in Error! Reference source not found, previously, GSH is a hierarchical structure and it may be concluded that GSH communicates with its respective stakeholders, both internally and externally, according to a structured approach to communication and the management thereof (Lubbe & Puth, 1994, p. 3; Rensburg, 2009, p. 331).

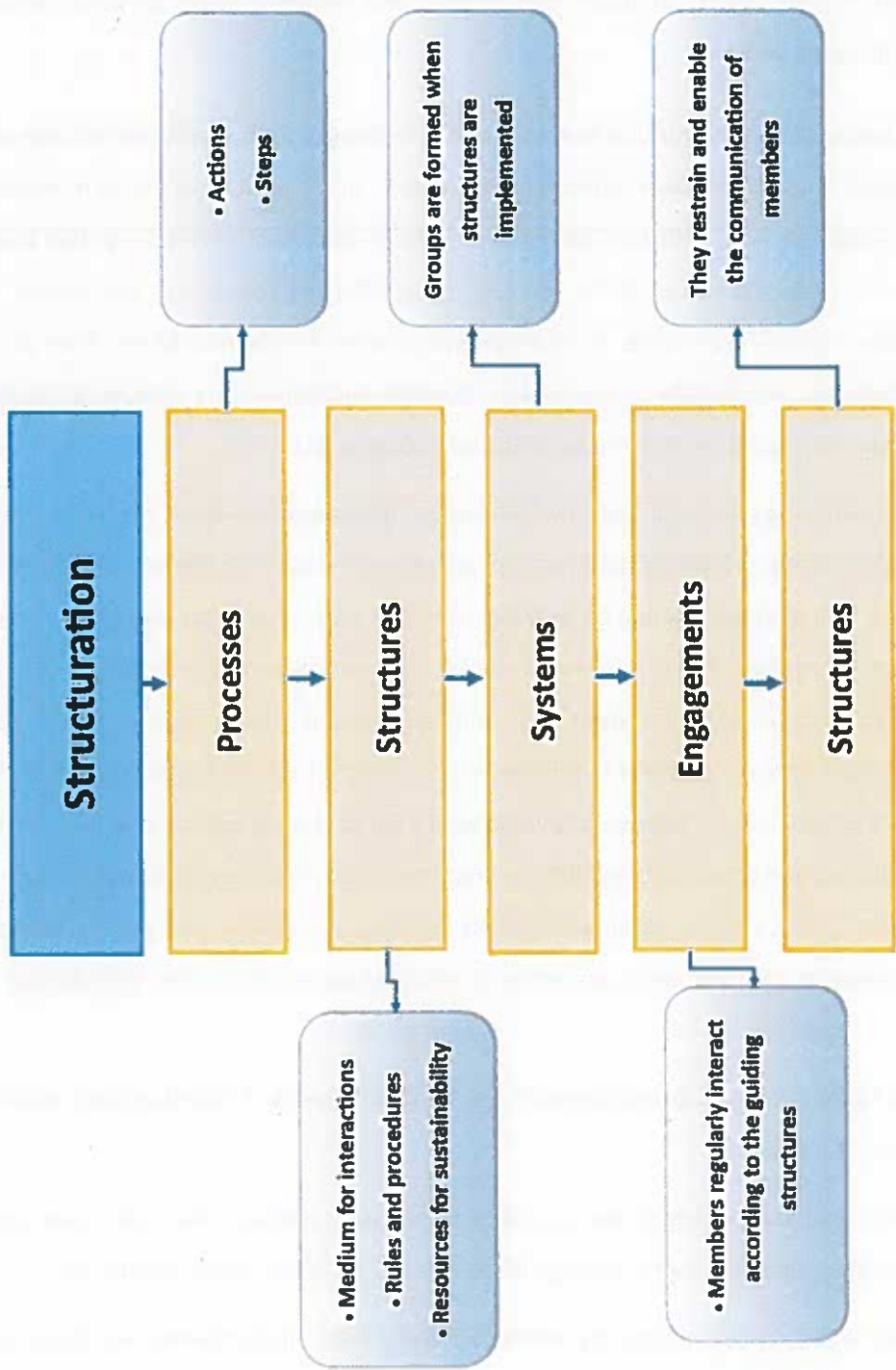


Figure 1.8.2-1: Diagram of Structuration Theory adapted from (Traub, 2016)

1.8.3. Generational theory

Most scholars cite the Americans, Howe and Strauss, as the international developers of the theory of generational cycles. They stated that “generations are among the most powerful forces in history and that tracking their march through time lends order – and even a measure of predictability – to long-term trends” (Howe & Strauss, 2009, p. 41). This makes it immediately clear that an organisation, where various generations of employees are working together, will feel the effects of those relationships and communication between various generations in the workplace.

Throughout history, generations have been defined by infancy, youth, middle and old age and these sequential stages have been effectively described. In the past, changes in mind-sets, perceptions, value systems, attitudes and opinions clearly occurred more slowly than today (Codrington & Grant-Marshall, 2011, p. 13), most likely because of the speed of communication and new inventions. As each generation ages into the next phase, from youth to young adulthood, and midlife to old age, its attitudes and behaviours mature, producing new currents in the “public mood” (Howe & Strauss, 2009, p. 41).

Sutton (2005) defines a generation as “a whole body of persons born about the same time”. McCrindle (2014) argues, however, that the concept of generations is traditionally defined by sociologists as “the average interval of time between the birth of parents and birth of their offspring”, but this definition has become irrelevant because of the rapid change of cohorts due to new technology, changing career and study options and shifting societal values. The definition of South Africans pioneers in this respect, Codrington and Grant-Marshall, includes the concept of world view as “a group of people with a set of shared experiences that exhibit a shared worldview and continue to exhibit the characteristics of that worldview as they grow up through life” (2011, p. 13). Howe and Strauss (2009, p. 41) concur that generations are “shaped by events or circumstances according to which phase of life its members occupy at the time.”

According to Codrington and Grant-Marshall, generational theory is based on two primary assumptions (2011, p. 12):

- Adults’ values were formed during childhood and early teenage years and these basic values stay relatively stable through life, according to socialisation hypotheses.
- Reality is socially constructed by individuals and groups engaged in social interaction, according to constructivist theory.

Sutton (2005) opines that generational theory is a tool that assists in creating an understanding of behaviour within the information economy; and acts as a filter to improve information citizenship in terms of approaches to information behaviour and lifelong learning, as well as a guide to make the information economy more appealing and accessible to society. Individuals experience an event differently, and think and act in diverse ways. Generational theories allow one to observe peer influences and the interactions between members of different generations.

Having understood the revelations regarding generational theory from academic literature, it may be a valuable tool to communicate. It needs to be borne in mind that generational theory is not a scientific formula or a rigorous psychographic model, but a “dipstick into a period of time that produces people who tend, generally speaking, to think and act in a similar manner at certain times” (Codrington & Grant-Marshall, 2011, p. 6). This position is supported by McCrindle (2014), that the sociological definition of a generation has become irrelevant because of the rapid change of cohorts, due to new technology, changing career and study options and particularly shifting societal values. Time is moving too fast to continue with the long-standing understanding of shifts and changes in the lives of individuals (Codrington & Grant-Marshall, 2011, p. 11).

1.9. Delimitation of the study

The study attempts to explore and explain the phenomenon of internal stakeholder communication, as well as how public relations management can contribute to the creation of a more effective organisational climate of communication in an endeavour to enhance the overall brand and reputation of the hospital. Nurses, as internal stakeholders, are one of the most important components within the framework of the brand.

Bell notes that while communicating, misunderstandings related to generational differences in communication styles, problem solving, and work ethics can lead to conflict, which can contribute to low-quality patient care (2013, p. 207). It would therefore be vital to identify the causes, should internal communication between management and the various levels and generations of nurses be hindered in any way. By addressing such communication challenges effectively, the internal stakeholder group of nursing would most likely be more collaborative, with a positive effect on the image of GSH and the reputation of healthcare in the Western Cape. Nonetheless, the study does not aim to discuss the corporate communication elements of image and branding, marketing, advertising and reputation management. The dissertation

focuses exclusively on the implications of effective communication within the field of nursing, which may have a direct effect on patient outcomes, healing, health and wellness.

1.10. Research assumption (in lieu of quantitative hypothesis) of the study

There is no statement of a strict hypothesis since this study is qualitative by nature and the research questions would lead this explorative study to unfold. The research assumption is therefore that the various generations of nurses working together at GSH have specific preferences, styles and needs when communicating, which will influence the effectiveness of organisational and internal stakeholder communication and, consequently, the brand of the hospital.

It is further assumed that an understanding of the role of public relations management with regard to internal stakeholders such as nurses, and communication challenges with and between generations of nurses would enhance the image that nurses portray of the hospital, improve the experience of patients, and ultimately improve the brand of the hospital.

1.11. Ethical clearance

Ethical approval was granted by CPUT during the proposal stage and the research has been supported by GSH management. Furthermore, this study accepts and upholds the National Health Research Ethics Council guiding principles for ethical research within healthcare (Republic of South Africa, 2015, p. 14) (Annexure 1).

1.12. Conclusion

This chapter provided a brief overview of the environment in which internal stakeholder communication among nurses takes place at GSH. The reputation of healthcare in the Western Cape relates closely to image and brand that GSH has established in its 80 years of existence. The image of GSH is reflected in the way the public perceives its clinical service, which is largely provided by its nurses. Effective internal stakeholder communication is thus of critical importance for GSH to achieve its objective of leading innovative healthcare and protecting the reputation of the WCGH as a whole.

Internal stakeholders comprise various individuals and in this particular scenario, the nursing component is not only the largest component of healthcare provision, but extremely crucial. Any patient that makes contact with nursing staff in any healthcare situation may form a positive or negative opinion of the quality of treatment they are likely to receive, which is reflected by staff attitude and how nurses view themselves within a hospital.

There are nurses of various genders, ethnicities, languages and cultures working side by side in a post-apartheid South African setting with a young democracy, and communication may be even more tenuous due to the fact that there are purported to be four generations of nurses and managers working together. According to generational theory, each of these generations have their own preferences, beliefs, styles and understanding of communication, which contributes how they identify themselves, what they wear, how they talk and live, and how they view management and collaboration with others. This chapter also provided a framework for the study. Chapter 2 will explore and ground the study in relevant literature on generational communication within health organisations, such as GSH.

Good communication and team member relationships have a direct impact on patient outcomes. Hospital nurses are challenged simultaneously with caring for patients with complex cases, while meeting satisfaction expectations. Excellent communication skills and demonstration of professional demeanour are high on the public's list of expectations.

(Lipscomb, 2010, p. 269)

2.1. Introduction

This study found its foundations in the practice of public relations, which has undergone significant changes in the past few decades. While some may have an outdated and superficial understanding of public relations as a process of cosmetic spin and pretence, the practice of public relations is, in fact, a scientific management process can influence the view of a company or organisation in the mind of the public. The researcher's work experience has played out in the management of the public relations functions of the hospital in question. As implied earlier, there are various approaches to the function of public relations in any organisation, which are categorised in terms of external and internal stakeholders. This study has focused on the internal stakeholder management of public relations as the over-arching discipline, and internal stakeholder communication as an outcome of organisational communication management.

Recent scholarly literature provided a further understanding towards the development of the primary research question, as stated in Chapter 1. Firstly, it was endeavoured to explain why public relations would be the primary discipline that a hospital should utilise to ensure that patients and their family and friends feel cared for and safe. Secondly, the phenomenon of generations was explored through generational theory and trends, particularly within nursing, in order to relate to a purported four generations of nurses working side by side at GSH and how these various generations would contribute to, or be affected by the quality of internal stakeholder communication. The questions became clearer: how would public relations be applied in the context of internal stakeholder management to ensure that not only the nurses enjoy job satisfaction and optimal communication with management, but also how their daily tasks contribute to the overall reputation and image of the hospital itself.

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The primary stakeholder groups are those people without whose input the corporation, company or organisation will and cannot survive on a daily basis. It is logical that the employees of any company or organisation are the first line of image and reputation building. If the internal employees, who are literally keeping the workplace going, are dissatisfied from the perspective of communication management, the brand and organisation will have unhappy and critical clients – in this case, patients – to their own detriment. Even while countless people in South Africa have no option to use public healthcare when they are sick, the Department of Health and the central hospital in question are only as strong as the satisfaction of their external publics. If the internal stakeholders who are delivering the core business and practices are not safe and happy during their working hours, an intervention will be needed to change the communication management.

The first section of Chapter 2 addresses the characteristics, role and context of communication and public relations as part of the larger corporate communication efforts, with a view to establishing favourable conditions for internal and external stakeholders. Any organisation is by its nature also a brand. An unfavourable or negative view in the minds of the external stakeholders or clients, service providers, press and community would result in the organisation having to exert itself to create a favourable and profitable brand. The concept of brand is related to equity, meaning that when a brand does well, the organisation is viable and sustainable.

In the second part of the chapter, attention is given to the way in which a hospital or healthcare institution such as GSH should manage the internal flow of communication to establish a healthy brand.

The third section of the chapter endeavours to reconcile the concept of internal stakeholder communication management with generational theory to unite such different, diverse groups or generations in one workplace to reinforce the functioning and reputation of an organisation.

2.2. The nature of corporate and stakeholder communication

2.2.1. Corporate communication in healthcare organisations

Van Riel and Fombrun (2007, p. 25) define corporate communication as “the set of activities involved in managing and orchestrating all internal and external communications aimed at creating favourable starting points with stakeholders on which the company depends”.

Corporate communication is now believed to be an umbrella term that encompasses all of the various internal and external organisational communication functions (Oliver, 1997 in Kalla, 2005, p. 305). Van Riel and Fombrun (2007, p. 22) describe three functions of corporate communication, but state that together they form a corporate point of view of the organisation. Kalla (2005, p. 304) adds strategic communication as a function of corporate communication.

Six relevant disciplines are involved in the development, implementation, and assessment of communications by organizations: management, marketing, public relations, technical communication, political communication and information/social marketing campaigns.

According to Kalla (2005, p. 304), organisational communication encompasses public relations, public affairs, investor relations, corporate advertising, environmental communication and internal communication and tends to take place in a systematic, structured manner (Wrench & Punyanunt-Carter, 2012, p. 11). All communication functions fulfil specific objectives; targeted at specific stakeholders that play a key role in meeting the strategic objectives of an organisation. This component of corporate communication relates to “how people ascribe meanings and messages, verbal and nonverbal communication, communication skills and the effectiveness of communication in organisations, and how meanings are distorted or changed while people exchange messages, in both formal and informal networks” (Tourish & Hargie, 2004a, p. 10). Therefore messages ought to be delivered through the most appropriate channels of communication (Argenti, Howell & Beck, 2005).

Perhaps the most well cited definition of public relations by Grunig and Hunt (1984, p. 6) expresses public relations as being synonymous with the management of communication and organisational communication, focused on communicating with its publics and stakeholders. Both Gordon (1997, p. 60) and Hutton (1999, p. 201) determined that definitions of public relations emphasise the elements of “management”, “organisations” and “publics”. This observation is further confirmed by the definition of The Public Relations Institute of South Africa (PRISA) of this concept as “the management, through communication, of perceptions and strategic relationships between an organisation and its internal and external stakeholders” (PRISA, 2019). One is thus led to understand that, through these definitions, public relations is a management role that guides communication by management with both internal and external stakeholders.

Having said that, as early as 1999, Hutton (1999, p. 201) criticised public relations definitions for being more focused on the effects of public relations as well as specific tasks that practitioners engage in, rather than the purpose and outcomes of public relations. This debate is supported by L'Etang (2008, p. 36) that public relations suffers from a lack of delineation as a profession, with weak boundaries and encroachment by other fields such as marketing and human resources. Furthermore, there has been recognition by scholars that there is a need for development of theories to broaden the field of public relations (Grandien & Johansson, 2012, pp. 209-210). The earlier excellence and relationship theories have largely been driven by theory development in the United States of America (USA) and the debate regarding the nature of public relations may be determined by how public relations is practised globally. It is therefore imperative that senior management has a clear understanding of the role of public relations when attempting to communicate with staff.

2.2.2. Internal communication management and stakeholder management

Coats (2017, p. 3) provides various terms by authors to express the concept of internal communication, such as internal brand communication, corporate communication, internal public relations, employee communication, or simply organisational communication. It is concluded by Coats that, whatever it is being called, the activities should always involve strategic communication tasks geared towards the company or organisation's internal audiences and stakeholders.

Internal communication is defined as "communication between an organization's leaders and one of its key publics: the employees". It is an area of organisational communication, often perceived as intra-organizational communication and associated with employees (Dolphin, 2005). Verčič, Verčič and Sriramesh concur, and state that there appears to be a lack of scholarship on internal communication within the domain of public relations, which ought to be addressed. Research in this area largely appears to be situated within the field of organisational communication and management theory (2012, p. 224). This statement highlights a gap in light of Welch's statement (2012, p. 246) that internal communication underpins organisational effectiveness by contributing to positive internal relationships between senior managers and employees. Welch (2012, p. 247) adds, citing a number of scholars, that "communication between strategic managers and internal stakeholders is designed to promote commitment and a sense of belonging to an organisation, to develop awareness of its changing environment and understanding of its evolving aims". It is clear

that the collaboration and “buying-in” of the nursing component are critical in terms of reputational success.

Ihator (2004, p. 243) states that “the success or failure of business no longer affects just a few individuals or stakeholders” and the gap in scholarship on internal communication indicates uncertainty regarding where within the domain of public relations it needs to be addressed (Meintjes & Steyn, 2006, p. 156; Verčič et al., 2012, pp. 223-224). This opinion is supported by Van Riel and Fombrun (2007, p. 25) by arguing that internal communication, together with public relations, forms part of organisational communication. The inconsistency in knowledge is perpetuated in the practice of public relations; as a result, the concept of internal communication has been ascribed to various management functions, including “industrial relations”, “employee relations” and “staff communication” (Smith, 2005, p. 10). There is evidently also a dire need to define or redefine the boundaries of an organization, which may shift the parameters of internal communication (Verčič et al., 2012, p. 225). The confusion regarding the concept and domain of internal communications is further reflected by the lack of definitions available (Verčič et al., 2012, p. 224; Welch & Jackson, 2007, p. 179) and the latter question whether organisational communication and internal communication are the same.

Similar to internal communication, there appears to be no common understanding of the term “employee engagement” (Zerfass, Verhoeven, Moreno & Verčič., 2016, p. 77). Definitions of employee engagement are often related to concepts such as organisational commitment and organisational citizenship behaviour; most often it is viewed as an emotional and intellectual commitment to the organisation (Saks, 2006, p. 601), specifying how an employee relates to the organisation for which he or she works. A study by Zerfass et al. (2017) explored the comprehension of engagement among communication professionals and found that most respondents have two views: “being interested” or “feeling involved”, consequently conceptualising engagement largely as a communication activity. Mishra, Boynton and Mishra (2014, p. 183) add that employee engagement is an expanded role of internal communication.

Watson and Helsby (2009, p. 13) found that, while best practice has advanced quite considerably over recent years, there is still a lack of understanding about what internal communication delivers and what it is ultimately responsible for. There is a perception that internal communication is not a profession that is accountable in terms of delivering business benefits. This opinion is echoed by Mishra et al. (2014, p. 185). Managers’ lack of

concern with their own employees is reflected in the fact that public relations scholars have undervalued internal stakeholder communication in favour of external publics, and internal communication has been limited to the management and production of information content for internal websites, newsletters and internal magazines (Tourish & Hargie, 2004, p. xii).

There is evidence that companies with poor internal communications tend to flounder (Tourish & Hargie, 2004a, p. xii) because communication in most organisations is addressed in passing and often with the assumption that it is a phenomenon that is self-explanatory and hence requires no deeper level of analysis. In many organisations, the abstract understanding of communication is recognised as being important, but little or nothing is done about it (2004, p. 6), often as a result of little knowledge or skills. Organisations cannot afford to lag behind regarding effective internal stakeholder communication because it results in poor communication flow between the various divisions of the organisation (Hume & Leonard, 2014). Such organisations would be left to manage employees that may not be committed to the organisation where they are employed (Engin & Akgöz, 2013), posing a threat to the organisation due to communication that is counter-productive (Welch, 2012, p. 246) or even non-existent in the deep sense of meaning-making.

2.3. Internal stakeholder communication and public relations within nursing

Effective communication in healthcare organisations is essential for patient quality and safety and optimal use of a communication structure is a method of demonstrating a shared governance environment where decisions are being implemented and contribute to higher job satisfaction, as well as to successfully sustaining shared accountability (Dult-Batthey, 2004, p. 9). The nature of healthcare providers, including the nursing discipline, is humanitarian, which means that they are concerned with and focused on the well-being of people, and nurses have the potential to provide a positive influence on the perceptions, beliefs and attitudes of others through the ability to communicate interpersonally.

Nursing productivity could also potentially make a significant contribution to increasing efficiency of health services as a whole (Burke, Ng, & Fiksenbaum, 2009, p. 202). There are a number of communication channels available in a hospital environment, such as face-to-face conversation, telephone, email, SMS, fax and social media. In delicate situations, personal and direct contact is preferable over written communication (Weimann & Weimann, 2017, p. 94). Communication is an important tool to present the objectives of the hospital to staff. Although tools such as the Intranet and Internet may be provided to

employees to receive information with a mouse-click, this may result in the challenge of staff becoming overloaded with information. Email messages are often not read attentively, but skimmed because of time pressures. Choosing the right medium of communication is becoming increasingly important and it is crucial to prioritise the use of various means of communication. Weimann and Weimann (2017, pp. 93-94) advise that:

- Information that is put in writing should be brief and only if it is relevant and intended for the receiver.
- Anything personal or private should always be communicated in person.
- New strategies should be introduced to larger groups that include all hierarchical levels.

They also introduce four pillars of communication:

- Structure and sequence in a text
- Concise phrasing
- Simple phrasing and language
- Stimulate reading using stylistic devices.

To inspire the listener or receiver of a message regarding a new idea, the content should not be complicated. Weimann and Weimann (2017, pp. 94) question whether hospital management is able to present complex facts in a simple way.

2.4. The function of corporate communication in internal corporate management

2.4.1. Traditional models for organisational communication

Since internal stakeholders form part of the organisational communication, seven traditions of communication provided by Wrench and Punyanunt-Carter (2012, p. 171) assist in gaining insight into how internal stakeholders may experience organisational communication.

Table 2.4-1 Seven traditions of communication theory (Wrench & Punyanunt-Carter, n.d., p. 171)

Theoretical Tradition	Communication theorised as
Cybernetic	Information processing
Phenomenological	Experience of otherness
Sociopsychological	Expression, interaction, influence
Sociocultural	(Re)production of social order
Semiotic	Intersubjective mediation by signs
Critical	Discursive reflection
Rhetorical	Practical art of discourse

Although most of the communication traditions and related theories illustrated may form part of organisational communication, internal stakeholders get to know the organisational world “by directly and consciously engaging in it, pondering its meaning, interpreting that meaning through language to define and express it and continually reconstructing the interpretation in light of new experiences” (Wrench & Punyanunt-Carter, p. 173). This interpretive approach (p. 171) echoes Patton’s view that “why people do what they do is found not just within the individual, but rather within the systems that they are a part of, being social, family, organisational, community, religious, political and economic systems” (2014, p. 3). Cybernetics is linked to feedback communication that assists as a source of controlling a receiver’s behaviour (Smith, 2011). It may therefore be argued that the seven traditions of communication are all present in the way that organisations communicate and form the basis of how models of communication are developed.

2.4.2. The outdated linear model

The linear model first developed by Shannon (1948) remains a significant milestone in the visualisation of communication. Theorists have noted its limitations as it assumes that the audience is passive, only one message is transmitted at a time and is restricted to a particular timeframe. The result is that the message is not necessarily meaningful and there are no means of gauging whether the message has been understood (Wrench & Punyanunt-Carter, 2012, p. 166). An alternative model was developed portraying communication as transactional, including context and fields of experience. Wrench and Punyanunt-Carter compare this model to a tennis match, where the sender and receiver wait on each other for a return (p. 169).

2.4.3. Two-way symmetrical model for public relations

Grunig and Grunig (1992, p. 285) are prominent theorists in the development of an explanatory public relations theory, stating that the two-way symmetric model provides a normative theory of how public relations should be practiced both ethically and effectively. As early as 1997, Cancel, Cameron and Mitrook (1997, p. 32) contested the Grunig theory of excellence and argued nonetheless that “the practice of public relations is too complex, too fluid and impinged by too many variables to be forced into the four boxes known as the four models of public relations”. Subsequently, Moloney (2006) added to the argument by stating that, even though the two-way symmetric communication model (Grunig & Hunt, 1984, p. 22) is preferred, the academic study of public relations “has got stuck in a Grunigan conceptual paradigm” that needs to be challenged. However, the virtue of such

communication shows little supporting evidence in practice and takes the teaching and writing of public relations into a “Neverland of perfection” (2006, pp. xii-xiii).

2.4.4. Systems theory model

Management refers to communication as a system and systems theory models assist in understanding complexity and issues that may first appear difficult to understand (Poole, 2014, p. 71). Such models explain unexpected phenomena that may arise from a subsystem at the level of any system. They also highlight how all levels engage with their environments and suggest straightforward measures to manage complex processes to the benefit of the organisation as a whole.

Table 2.4-2: Four Elements of Systems Theory (Smith, 2011)

Element	Expressed as
Input	Incoming information identifying problem (loss of equilibrium with interpenetrating systems within the environment)
Throughput	Processing of information
Output	Response from the organisation; On-going messages to restore equilibrium; Creates new equilibrium; Proactive or reactive.
Feedback	Response from environment; Indication if problem has been solved; The concept of feedback is linked to cybernetics: communication that helps a source control a receiver’s behaviour.

Literature indicates that the domain of public relations practice differs globally and it would be important to understand the context in which public relations is practised in South Africa.

2.4.5. Internal communication matrix

Welch and Jackson (2007, p. 177) identified a series of interrelated dimensions of internal communication:

- internal line manager communication
- internal team peer communication
- internal project peer communication
- internal corporate communication

In addition, they proposed an Internal Communication Matrix that may be used to supplement other forms of internal situational analysis as an analytical tool, which may be applied to analysis, planning and evaluation of internal communication.

Table 2.4-3 Internal Communication Matrix (Welch & Jackson, 2007, p. 177)

Dimension	Level	Direction	Participants	Content
1. Internal corporate communication	Strategic managers/ top management	Predominantly one-way	Strategic managers All employees	Organisational/ corporate issues, e.g. goals, objectives, new developments Activities and Achievements
2. Internal line management communication	Line managers/ supervisors	Predominantly two-way	Line managers – employees	Employees' roles Personal impact, e.g. appraisals and discussions Team briefings
3. Internal team peer communication	Team colleagues	Two-way	Employee – employee	Team information, e.g. team task discussions
4. Internal project peer communication	Project group and colleagues	Two-way	Employee – employee	Project information, e.g. project issues

2.4.6. Van Ruler's communication grid for internal stakeholder management

The systems theory model comprises all the steps that a public relations manager would take into account to guide the direction of the organisation and Van Ruler's (2004, pp. 128-129) communication grid reveals six communication models that define differentiations in the process of creation of meaning as presented below:

Table 2.4-4 Van Ruler's communication grid (2004, pp. 128-129)

	Focus on denotative meaning, information as "objective"	Focus on connotative meaning, information as "subjective"
Communication as an undirected emission process (magic bullet)	Communication as an expression of information to all concerned.	Communication as contact with others who actively present themselves for this purpose.
Communication as a controlled one-way process (linear causality)	Communication as transmission of meaning to target groups.	Communication as a one-way synchronisation of meaning in target groups.
Communication as two-way process (interaction)	Communication as consensus-building with publics	Communication as diachronic co-creation of meaning with publics.

Welch and Jackson's communication matrix and Van Ruler's communication grid are both useful models to guide the communication function of management and inform actions to remedy the gaps in internal communication identified.

2.5. Internal stakeholder communication

According to Puth (2002, p. 26), there is a growing body of evidence that leaders have depended on internal publications, and organisations are under-utilising more personal communication methods. Such methods, paradoxically, both leadership and employees agree are essential. During the 1980s, organisations did not consider enlisting the support of their employees, but also alienated them with restructuring, downsizing, acquisitions, divestitures and leveraged buy-outs. Times have changed and organisations have found that when well-informed employees are encouraged towards improvement, it is possible to survive in an increasingly competitive environment. Messages are written, verbal and visual. Even in-house publications have become a vehicle for two-way communication. One-on-one interpersonal communication between leaders and employees has become an important tool. Ruck and Welch (2012) contend however, that minimal attention has been given to what employees would like their organisation to communicate. Primary needs of employees include more information about personal, job-related matters, information about organisational decision-making, and a greater opportunity to voice complaints and evaluate superiors (Goldhaber, Porter, Yates & Lesniak, 1978, p. 82). Yet Chen, Silverthorne and Hung (2006, p. 242) found that member satisfaction with organisational communication practices have been ignored. This conclusion is confirmed by a study undertaken by Towers Watson that organisations succeed in communicating about business processes, but less than half of organisations report they are effective at communicating to employees to explicate how their actions affect the customer or increase productivity (Towers Watson, 2010, p. X).

2.6. Generational communication

Reeves and Oh (2007, p. 295) acknowledge that the concept of generational differences has become a popular subject of speculation. From an analysis of popular literature, it was found that most research on generational differences seems to rely on some main authors and streams of data. Myers and Sadaghiani (2010, p. 233) found that most empirical studies support the stereotypes that Baby Boomers are ambitious workaholics who may be critical of co-workers who do not share their values, and the X-generation are sceptical and like to work autonomously, notoriously disliking meetings and group work. Jobe adds that current generational profiles are based on anecdotal commentary or examples (2014, p. 307) and Kupperschmidt (2006) emphasized to leaders that it is important not to stereotype individuals, stating that the healthcare work environment needs a “huge overhaul” to use

the strengths of professional nurses from each of these highly diverse generations successfully. Kupperschmidt highlights two significant events that have taken place over the past sixty years:

- Various generations in the workforce have been forced into intense interaction due to changes in hierarchy. Millennials are comfortable to challenge authority, whereas Baby Boomers want to be respected for their knowledge and experience.
- The transformation from the industrial era to the information age has altered the interactions between individuals of differing generations. An instruction may now be distributed by email, rather than asking a secretary to type a memorandum.

The observations of the characteristics of the four generations by Mokoka (2015) and Marakov (2016) have been summarised below. While scholarly literature and contemporary articles describe the dates for these generations in varying ways, Mokoka draws from Codrington and Grant-Marshall (2011) with respect to dates of birth, as they are determined by South African history and describe these generations particularly from the point of view of healthcare and nursing (2015, pp. 42-43).

Table 2.6-1: Characteristics of the four generations (Marakov, 2016; Mokoka, 2015)

Generation	Born between	Typical characteristics
Traditionalists or Silent Generation	1931 – 1942	Withdrawn, cautious, may be imaginative Hardworking conformists who are patient Show respect for authority Support hierarchical structure Follow disciplined work habits Loyal
Baby Boomers	1943 – 1964	The largest group of all generations Experiences are largely associated with the apartheid era, characterised by outright defiance and rebellion. Workaholics in the workplace Tendency to challenge hierarchy Communicate freely Optimistic team players and share responsibility
X-generation	1961 – 1981	Open to diversity and global thinking. Technologically literate Self-reliant Being fun-filled, they maintain a balance between home and work life Family-orientated and risk takers
Y-Generation or Millennials	1980 – 2000	Values include confidence, morality, sociability and diversity. Warm, creative, confident and upbeat. Would commit to their work if they are offered variety and opportunity in which to grow.

For example, Traditionalists are allegedly dismayed by the lack of professionalism among younger nurses (Kupperschmidt, 2006) and more experienced nurses often frown upon changes that Millennials have brought – and are still bringing – into the workplace. They find tattoos, long hair and long fingernails amongst their other habits “distasteful and unprofessional” (Mills, 2016).

2.6.1. Nurses as internal stakeholders: generational differences and characteristics

As the healthcare environment has become more complex and dependent on contributions from each team member (Klipper, 2017), an entire interdisciplinary team of professionals is required to work together to provide safe and high-quality patient care. Within the larger team, nursing forms its own teams for daily collaboration to ensure that patient needs are met. It would be expected that the collegiality that appears to have been part of the culture of GSH would be vital for collaboration across the various clinical and administrative functions due to increased dependence on technology and new inventions. It would therefore be of importance to consider that the various characteristics of all generations of nurses, as described in table 2.6-2, are relevant within a South African context and would ensure cohesive teamwork and healthy relationships among employees that reflect the image of GSH.

2.6.1.1. Baby Boomers

Baby Boomers in nursing and other professions form the largest group in the workforce and are currently predominant in management and leadership positions in healthcare services (Mokoka, 2015, pp. 42-43). It is anticipated that the last of the Baby Boomers will reach their final retirement age in 2024. This generation has an inclination to define themselves through their work and are willing to work long hours; changing things in their work environment comes naturally to them. Baby Boomer Registered Nurses embrace a sense of professionalism, viewing nursing as a career, which closely relates to their self-worth and work ethic (Kupperschmidt, 2006). They value security in their working environment and are motivated by raises, promotions and good benefits. Their jobs are high priority and they work long hours, expecting their colleagues to show the same dedication. According to South African Nursing Council (SANC) statistics, approximately 33 % of professional nurses on the register are Baby Boomers. Because of their inherent resilience and work ethic, Baby Boomers are likely to work past retirement age, if not forced by policy and legislation to retire at the age of sixty to sixty-five and are likely to function within management, supervisory or mentorship roles. While the practice of nursing provides relief and improves

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healthcare delivery, conflict between Baby Boomers and the later generations is likely to occur (Mokoka, 2015, pp. 42-43).

2.6.1.2. Generation X

The concept of Generation X did not find the same foothold in South Africa as in Western societies (Schenk & Seekings, 2013, p. 51), although a comparison between the United States and South Africa indicates underlying progress of globalisation at a time of intensified cultural exchange and media frenzy. While Americans in the 1980s were mostly apolitical, South Africans were experiencing the hyper-politicised environment of the final years of apartheid. Mokoka (2015, p. 43) adds that, while they are regarded as being old enough to remember apartheid and therefore participate in it, they were not old enough to be actively involved in the 1976 riots, another turnaround point in the history of the country.

Given these events, the South African Generation X was forced to grow up quickly due to the middle-class lifestyle of their parents that were mostly both employed. They came home from school to empty homes and they had to learn to look after themselves, thus becoming known as the latch-door kids. Single parenting also started to manifest itself strongly as divorce rates started to soar, even in South Africa. Generation X is more independent and, as managers, they tend to delegate power, expecting others to work independently as well (Timothy, 2015). Timothy contends that Generation X may easily become impatient with the micro-management and authoritarian style of management of the Baby Boomers (Timothy, 2015).

Being resourceful and independent, they prefer to depend on themselves and their peers to get things done. Members of Generation X are losing their trust in and loyalty to their organisations; they fear boredom and it should be endeavoured to retain Generation X employees due to their human capital repositories, knowledge, skills and expertise (Martins & Martins, 2014, p. 131). South African Generation Xers tend to be sceptical and pragmatic, valuing leadership by competence. Martins and Martins add that, because they are so independent, they tend to put their faith in themselves rather than institutions. They have little respect for service, title or rank because their parents who had it all, lost their jobs anyway.

In contrast to the working style of the Baby Boomers, which is collaborative, with open communication, valuing teamwork, staff meetings, structured committees and face-to-face conversation (Timothy, 2015), Generation X was born in the computer age and was the first

generation to extend computer and electronic technology beyond the workplace. Technology therefore encompasses recreation and play, the kitchen and lounge, into every part of their lives (De Villiers, 2015a).

Generation X displays core values that include open diversity, global thinking, techno-literacy, self-reliance, being fun-filled and maintaining balance in the workplace. Their personality points to them being risk-takers, family-orientated and job-focused versus working-hour focused, self-reliant and rather informal and lacking job loyalty. They “want life” and personal time (Mokoka, 2015, pp. 42-43).

2.6.1.3. Millennials

Millennials emerged as a hedonistic and apolitical generation in South African urban youth, experiencing their formative years during the transitional years of South Africa’s democracy during the 1990s (Schenk & Seekings, 2013, p. 51). These South African Millennials are also known as the “born free” generation (Student Village, 2015, p. 1). They comprise 37 % of the African population, which makes it the most youthful continent on the planet and, although Millennials are perceived as self-centred, unmotivated, disrespectful and disloyal, new research, by the same researchers, contradicts the perception of disloyalty in its finding that only those Millennials that have a financial safety net are likely to be unreliable. The vast majority (91 %) whose families cannot support them indefinitely if they were to give up or lose their jobs, or who do not have access to financial gifts from family members, are loyal, committed professionals (Snyder Kuhl & Zephrim, 2016).

Millennials are motivated by corporate brand, values and flexible working hours, rather than money, and have positive views of the role of business in society, as well as corporate motivation and ethics (Buckley, Peter & Akur, 2016; Marsland, 2016). They strive to be their authentic selves, but they often look to older nurses for support, understanding and direction and do not always get what they need (Mills, 2016). They are adapting to change by challenging the status quo and thinking outside of the box (Anderson, 2017). It seems vital to overlook broad stereotyping, as Millennials are just as qualified, motivated and competent to work in healthcare as the generations before them.

Findings by Marakov (2016) resonate with the research undertaken by Snyder, Kuhl and Zephrim (2016), as well as interviews with South African Millennials (Van den Heever, 2016). They “have a very clear sense of themselves as a distinct group with a distinct world view”.

Quoting interviewees, Van den Heever notes that the millennial generation wants everything

now and success is important to them. They are living in a fortunate time as they have more opportunities and access to information. One interviewee in his studies states: “the term “millennial” means that I am young and I don’t have to conform. It means that I am change and I can make things happen ... I can do whatever I set my mind on. Being a millennial means that I persist until I succeed and so I will persist and I will succeed.”

The African business landscape abounds with innovation and initiative and this energy has stimulated fresh engagement among young employees (Marakov, 2016). However, the Deloitte Millennial Survey of 2016 reports that Millennials feel underutilized and believe they are not being developed as leaders, resulting in little loyalty to their current employers and planning near-term exits. The report cautions that this absence of allegiance represents a serious challenge to any business employing a large number of Millennials (Deloitte, 2016). On the other hand, Montcrieff (2016) advises that, although nearly 45 per cent of South African Millennials are searching for better pay and brighter opportunities, stability, incentives and collegial work environments, organisations should not be discouraged by the phenomenon. The numbers of people that go beyond the call of duty is still high, and such workers are open to engaging with their employers about opportunities.

2.7. Generational engagement and communication: implications for public relations

Adult personality may contribute to the fact that multigenerational communication is driven by various needs, styles and preferences (Timothy 2015; Zachos, 2015). Interacting with Millennial nurses may be very different from that of previous cohorts as they are comfortable with technology and prefer to communicate through email or even instant messaging, becoming frustrated if they receive a lengthy printed memo or a policy manual instead (Timothy, 2015). Public relations practitioners in the healthcare sector have been wary of engaging with social media due to privacy concerns and a litigious environment, but Hether (2014, p. 856) argues that the increasing popularity of social media is important for healthcare organizations to participate on these platforms

Stokowski (2013) observes that there is frequent divergence regarding how nurses give or accept feedback, which includes praise and criticism. An understanding of the evolution of communication may provide a foundation for understanding such conflicting behaviour. Conflict arises when the “personalities” of each generational group within nursing clash due to differences in work ethic, communication styles, comfort levels with technology and

attitudes toward authority. These attitudes are shaped by the events that each generation experienced while growing up.

Generational diversity in nursing calls for sensitivity to people's differences; the same as with cultural diversity. It needs to be considered that not everyone looks at work and the world the same way; that generates the question of how to relate to a boss or nursing colleague from another generation (Timothy, 2015). Engagement within nursing may be guided by how each generation has been influenced by communication (Codrington & Grant-Marshall, 2011, p. 155) and Mokoka (2015, p. 45) provides some strategies for communicating with the various generations of nurses.

Table 2.7-1: Strategies for communicating with the different generations (Codrington & Grant-Marshall, 2011, p. 155)

Generation	Born between	Needs	Communication Styles	Feedback	Optimal Strategies for Communication
Traditionalists or Silent Generation	1931 – 1947	Acknowledgement of their valuable experience. Flexibility and less demanding schedule, such as working part-time, for shorter shifts, in a quieter unit. Ergonomically friendly units. Reduced stress or workload. Recognition of a job well done.	Face to face discussion Staff meetings. Less used to email or text messages.	Prefer to hear feedback privately and tend to anticipate bad news.	Use a personal touch. Provide traditional rewards. Use as mentors. Offer less physically demanding positions, such as the ability to work part-time, for shorter shifts in a quieter unit. Allocate to units, which make it easy for them to function.
Baby Boomers	1948 – 1964	Recognition for experience and excellence. A positive work environment. Good pay and benefits. Continuing education.	Face to face, group meetings. Telephone calls for two-way dialogue. Open style and less formal than traditionalists.	Prefer to receive criticism in private. Praise can be given in front of others.	Public recognition. Find opportunities to share their expertise by delegating them as preceptors or mentors. Promote “gradual retirement”.
Generation X	1961 – 1981	Career advancement. Sharing governance. Autonomy and independence. Work and life balance.	Email and texting. Direct and to the point communication. Dislike long discussions.	Tend to take criticism poorly. May over-interpret what is said or meant.	Provide opportunities for skill development and leadership. Involve them in decision-making. Avoid micromanagement.
Generation Y or the Millennials	1980 – 2000	Meaningful work. Stimulation, engagement, involvement and multi-tasking. Skill development. Socialising and networking. Impatient for promotion “move up or out”.	Fragmented, short and frequent communication via text or platforms such as Twitter. Share opinions electronically, as well as in person.	Accustomed to receiving advice. Have difficulty in accepting constructive criticism. Happy to accept praise in front of their peers.	Encourage teamwork. Offer a supportive work environment. Begin leadership development early. Provide access to social networks and the ability to build on technological strengths.

Table 2.7-2: Generational Communication Influences (Mokoka, 2015, p. 45)

Generation	Communication influences
Silent Generation	The airmail system was introduced, but was expensive. Telephones became popular but, particularly in the rural areas, it was not possible to dial directly and telephone calls took place through a manually operated telephone exchange.
Baby Boomers	Became accustomed to faster local postal services with more access to international airmail. They invented the courier service and overnight delivery was an innovation. International calls were made more frequently. Telexes were used in to transmit letters and documents. With the advent of the golf ball typewriter, typing efficiency increased.
Generation X	This generation saw the arrival of personal computers. Touch dial telephones became the norm. This generation also experienced fax machines.
Millennials or Y Generation	This generation cannot believe that there was a time when there was no email, Internet, or being able to SMS on a cell phone. The use of machines diminished. The defining communication technology of their years in the world of work is the smartphone, seamlessly combining Internet browsing, phone, instant messaging text and all types of applications.

Communication appears to have moved from a snail's pace to lightning speed through the various generations and it is little wonder that business tends to refer to business disruption, as described in 2.8. However, from the above it is clear that the culture, age, work ethos and preference for specific communication channels and messages cannot be ignored in any healthcare organisation that is dictated by the needs for speed and efficiency. This will make a real difference in terms of the approaches that are followed to engage successfully with these very divergent generational groups. This is most certainly also not a matter of one communication plan and strategy that fits everyone. Specialised information and understanding of the generations working together as internal stakeholders are vital in order to optimise the quality of communication, the reputation and the brand.

Literature regarding generational characteristics focused on a South African context to gain insight into how various generations with differing traits and needs, as well as diverse social backgrounds and experiences, are likely to perceive the organisational culture in which they find themselves. The working style of Baby Boomers tends to be collaborative with a high regard for teamwork and open conversations; while Generation X is self-reliant and does not have the patience for long discussions, preferring to make use of, e.g., email communication. Millennials are influenced by corporate brand and the values of an organisation and are likely to verbalise their views. They are enthusiastic and demonstrative, but are often perceived

by more senior colleagues to be less professional or disloyal because they do not do not observe authority in the same manner as the Baby Boomers. On the other hand, they require support and mentoring to grow in their careers and often feel left out when they do not receive the recognition that they crave.

2.8. Digital disruption

The term “disruption” in business refers to “interruption in the usual way that a system, process, or an event works” (Cambridge Business English Dictionary). Madyara equates digital disruption to a volcano: “you either adapt or die” (2016). There is an urgent need for culture change within public relations (2016). Digital disruption may result in the blurring of lines between corporate communication, brand management, marketing, public relations and internal external affairs and, if not mapped, re-evaluated and reassigned, “the field of public relations will miss the target.” The superficial confusion around these terms are clear and employees should be aware of the activities as well (Madyara, 2016).

According to Newman (2017) industrialisation has taken place in phases, each with new central communications mediums and approaches to providing and disseminating information. The first revolution was shaped by the steam engine and railways and its central medium of communication was billboards and newspapers printed on rotary presses. The second industrial revolution was driven largely by the chemical, electrical engineering and automobile industries, with radio and television the mass media communication channels of the day.

The past two decades have brought about a third industrial revolution, heralded by widespread use of the Internet. This trend has resulted in an increasing physical inter-connection of human-to-machine and machine-to-machine (Ehrhart, 2017) and characteristics of economic and social relationships have influenced the concept of communications to mediate between business and society, influencing methods of communicating and managing. Newman (2017) predicts that the disruption resulting from digital communication will continue in the future, not only in the way that we communicate with those we know, but also those we do not know.

Trends indicate that there is a shift from a traditional unidirectional approach to communication, to contemporary multidirectional approaches to integrated communication (Zerfass, et al., 2017, p. 55). Connecting business strategy and communication, while coping with the digital evolution, has emerged as one of the challenges that have faced

communicators in the past ten years. There has also been significant development in communication channels.

Traditional communication has been disrupted with the rise of social media (Owyang, 2011) and it needs to be accepted that employees are becoming corporate representatives and spokespersons are now spread to any employee who participates in social communication, even if they do not officially represent the company. Organisations therefore need to relinquish a mind-set of control for enablement of business units (Owyang, 2011). Effective internal communication is thus crucial for successful organisations as it affects the ability of strategic managers to engage employees and achieve objectives (Welch & Jackson, 2007, p. 177; Freeman, 2010, p. 48).

The rules have changed from “divide and rule” to “unite and conquer” and future growth will be powered by content creation, built on multimedia platforms and driven by compelling concepts (Madyara, 2016). Public relations will require creativity and technological expertise. Corporate publications do not only include newsletters or in-house e-circulars. It includes any print digital and mobile content for stakeholder, customer and audience engagement. Apart from merely promoting and disseminating information, corporate publications are also tools to receive feedback. There are still situations where stakeholders prefer “simple things” and print, therefore the next generation of industry leaders will have to be experts in communication, as well as the ability to think critically and creatively, while cultivating softer skills such as adaptability, curiosity and risk-taking. Innovative thinking would be essential to capture the imagination of employees to interact successfully (Sloan, 2009, p. 25).

There is a need to change with the environment of communication technology and this holds equally true for the nursing professionals to prevent them from lagging behind due to lack of transformation in communication and not progressing at the same pace that the technology of social media is changing. At the same time, there is recognition that such communication should be undertaken with online etiquette and caution to alleviate risk associated with social media (Gorea & Gorea, 2016, p.3).

Weimann and Weimann (2017, p. 103) conclude that clear communication structures and guidelines, as well as the lived appreciation of individuals are key factors for high performing hospitals. The executive management team and heads of department serve as role models for implementing adequate communication pathways and the way that communication

takes place from the top will be lived in the hospital. Change processes will only be successful if communication pathways are reliable and are used appropriately.

2.9. Conclusion

An exploration of corporate communication theory, as it relates to public relations and internal stakeholders, reveals that public relations and internal communication falls within organisational communication, while strategic and stakeholder communication is a function of management communication. In light of the PRISA definition of public relations being concerned with the management of perceptions and strategic relationships of internal and external publics of an organisation (PRISA, 2019), it is not certain how the functions of organisational and management communication may be reconciled within a closed system such as GSH. It should be the role of the public relations practitioner to ensure, through communication, that the internal and external stakeholders of the organisation have a positive image of GSH.

Pressure by organisations to perform has resulted in fragmentation rather than cohesion, and a focus on achieving organisational objectives often means that matters such as communication are not prioritised (Tourish & Hargie, 2004a, p. 1) and management does not take the time to implement best practice (Robson & Tourish, 2005, p. 214) to disseminate strategic matters with their stakeholders. Stakeholder engagement tends to focus on controlling stakeholders and managing risk, which is valuable, but not sufficient to achieve excellence in sustainability and proposes that stakeholder engagement that is positioned towards collaborating with stakeholders can lead to learning, innovation and fundamental corporate transformation (Sloan, 2009, p. 25).

Stakeholders are the recipients of strategic communication and the organisation should be aware of who its audience is to achieve its objectives. Therefore, the lack of recognition of stakeholders as a concept is of concern. Government is more disposed to external stakeholders in its communication efforts and the lack of definitions for the theory of stakeholders and therefore stakeholder communication, indicates a gap within management communication. The employees of the organisation reflect the image of the environment in which they work and contribute to the overall brand and reputation of the organisation. As the focus of this study, the term "employees" relates to nurses at GSH. It is thus vital to explore whether these internal stakeholders are recognised and their needs are met.

To build and sustain the brand of the hospital, the public relations practitioner would need to ensure that strategic messages are consistent and that they reach the intended audience, so that all stakeholders receive the same message. The ethos of GSH is closely linked to the brand of the hospital because it portrays the character of both the hospital and its employees. While developing corporate messages, the public relations practitioner also needs to ensure that, the ethos of messages reflect integrity, and are ethical, credible and reliable. Messages that are not carefully planned according to the ethos of the hospital may result in ineffective communication with employees that reflect a poor image of the hospital, which may in turn affect the reputation of healthcare as a whole in the Western Cape.

Millennials and Generation X emerged in South Africa from a changing political environment to a more inclusive and democratic society. This transformation has opened the door to different mind-sets to those of the Silent Generation and Baby Boomers who are known to be averse to change. Communication between the different generations within South African organisations may therefore be more complex than what appears to be the case in other countries.

In addition, the challenge of practising public relations within a large organisation may thus be the lack of an understanding of and clarity on what the scope of a public relations or communications manager is. Two key factors that demonstrate this concern have emerged from literature:

- The legitimacy of the role of public relations from the viewpoint of senior management.
- The lack of recognition of stakeholders as a concept.

Communication will never be united by a single theory or group of theories due to the diversity of ideas about communication that will always be present in multiple approaches (Craig, 1999; Littlejohn & Foss, 2008, p. 6). We are largely the products of the time we have grown up in. The societal and cultural frameworks and gender roles, for example, can severely affect any person's understanding of how to "be" in this world and in a career or profession. Van Ruler (2004) emphasises that no single model can be rated as "best" for all aspects of the everyday practice of communication and that all of the approaches fit different situations. This study on internal stakeholder communication at GSH is rooted in systems and generational theory as a guideline to explore and explain internal stakeholder communication among multi-generational nurses at GSH.

Communication styles and structures are likely to be formed by the environment in which it takes place and the individuals that communicate with each other. Therefore, the environment in which the various generations of nurses working at Groote Schuur Hospital is vital to gain an understanding of the primary research that is to follow in Chapters 3 to 5.

Generational differences affect occupational well-being, nurses' performance, patient outcomes and safety. Therefore, nurse managers, administrators and educators are increasingly interested in making evidence-based decisions (Stevanin, Bressan, Julkunen & Kyist, 2018)

Conducting interviews is one of the most common ways of collecting data in healthcare research. In particular, interviews are associated with qualitative research, where researchers seek to understand participants' experiences through their own words and perspectives (Mitchell, 2014).

3.1 Introduction

The literature review indicates that communication takes place by way of systems and processes and the complexity of the concept of internal stakeholder communication within a large organisation such as GSH would thus require a systematic investigation. An understanding of the concept of research was sought, as a point of departure.

According to Leedy and Ormrod (2010, p. 2), research is a systematic process of collecting, analysing and interpreting data with the intention to increase the researcher's understanding of the phenomenon that is being studied. It comprises different techniques to create knowledge that is created scientifically by using objective methods and procedures (Welman, Kruger & Mitchell, 2005, p. 2). Neuman (2003, p. 4) clarifies that the concept of "science" refers both to a system for producing knowledge and the knowledge produced from such a system.

To gain knowledge from the internal stakeholder communication system at GSH, particularly from the view of different generations working within the nursing component, the most suitable design and methodology for the study was sought. De Vos, Strydom, Fouché and Delpont (2011, p. 323) advise that it is vitally important that the research questions, conceptual framework, design and methods are compatible. It has thus been endeavoured to ensure that there is clarity regarding the research paradigm, design and methodology; as well as data sources to support the research questions and arrive at the information to answer the research questions sufficiently.

This study naturally attempts to add to the body of knowledge through an original, scholarly enquiry that has the characteristics of validity, reliability and replicability (Ellis & Levy, 2010,

p. 107). The development of the research problem was challenging, as the ability to implement recommendations that may follow the process of the research was important. The early problem statement and positioning of the main question were concerned with:

- how various generations of nurses prefer to communicate internally with each other and management; and
- what their needs and preferences are for more effective internal stakeholder communication within their working environment between themselves and with management.

It was endeavoured to anchor and position the study within the existing body of knowledge by selecting an appropriate study type by a defined research problem and seeking guidance from literature. Having positioned the study within a theoretical framework, it was then ensured that the title, aim and objectives were aligned and that the research question and sub-questions were all focused on obtaining the suitable information, as suggested by De Vos et al. (2011, p. 323) and as demonstrated in Annexure 2, the research plan.

Gleaning insight into the effectiveness of the current system of internal stakeholder communication at GSH and whether this system is effective and satisfies the needs of nursing staff of all the generations represented also included a vital element of stakeholder management as both these issues have consequence for the overall communication success of GSH.

3.2 Research design

As described in the literature review in Chapter 2, the nature of healthcare providers, including the nursing discipline, is a humanitarian endeavour. They are concerned with the well-being and health of largely ill people, best examined through social science. Social science is often less interested in facts than explanations (Sumser, 2001, p. 4) and seeks knowledge about what happens experientially when we are looking at the world, rather than mere cognitive information about the world. Likewise, public relations management is a social science, sometimes described as a “soft” science (Guba & Lincoln, 1994, pp. 104-105), as it deals with humans and society, and is concerned with the behaviour of people, their beliefs, interaction and institutions, and also their work satisfaction and personal success (De Vos et al., 2011, p. 5).

3.3 Research paradigm

A paradigm is defined as “a set of basic beliefs that deals with ultimate or first principles”, that represent “a worldview that defines, for its holder, the nature of the world the individual is placed in and the range of possible relationships to that world and its parts” (Guba & Lincoln, 1994, p. 107). Guba and Lincoln add that it is also “... a way of thinking and making sense of the complexities of the real world”. Paradigms tell us what is important, legitimate and reasonable, and are normative.

Paradigms, however, have strengths and weaknesses. One strength of a paradigm implies that a decision can be made easily, while a weakness suggests that the reason for a decision is hidden in the unquestioned assumption of the paradigm. The paradigm of the study, being the worldview of nurses and their relationship with other generations of nurses, denoted an ontological understanding that “there is no one single truth out there”; that reality is subjective; and should be informed through empathetic understanding of the research participant’s meaning of his or her life world (Patton, 2014, p. 89). The study thus also had a phenomenological quality. The descriptions of communication experiences by various generations of nursing staff was therefore required.

Cronjé (2014) advises that a good point of departure for any research is to determine the actual aim or purpose of the study by the use of a simple model of Burrell and Morgan (1979) that aligns the research aims with research questions. To decide on a suitable form of a study, it is vital to take a stand regarding one’s belief in the nature of truth; whether the outcome would be primarily abstract or concrete (as a map or a tendency), or whether the outcome would be concrete (such as a rule, an algorithm, a recipe or a plan). Cronjé’s adaptation (2014) of Burrell and Morgan’s model (1979) provided a useful guide for developing the research questions from Subjective/Objective versus Abstract/Concrete dimensions.

The aim of my research was to explore how various generations of nursing at GSH prefer to communicate, what their needs and preference are and how communication management would affect the brand of GSH and the organisation at large.

The design would be to explore and explain the phenomenon in a subjective manner and ask “what” and “how” questions from material related to the research. Having found the first stepping stone, the next step was to understand the philosophical framework from which to determine the research paradigm and design.

3.4 An ontological perspective or philosophical framework

An ontological perspective means the way a person thinks about the nature of being. In the case of this study, it was endeavoured to establish whether an organisation has its own existence and behaviours that function independently of the various managers and employees who come and go over time. Alternatively, it can also explain that specific individuals create and continuously recreate the organisation, and whether there is an expectation that what an organisation is and does is determined by larger historical and cultural forces (Wrench & Punyanunt-Carter, 2012, p. 145).

These ontological viewpoints can only be explored through those within the organisation and their personal worldviews, which lends itself to a constructivist epistemology as it assumes that reality can only be known by those who experience it personally; and that their experiences should be interpreted through the meaning of the life-world of the participants. This information can be best be excavated through the methods of interviews, participant observation, documents and interviewing that are systematically analysed (De Vos et al., 2011, p. 311).

Leedy and Ormrod (2010, p. 31) posit that the human mind is the most important tool on the researcher's workbench – human beings have developed general strategies with which they reason about and understand worldly phenomena and experiences. Such strategies include critical thinking, deductive logic, inductive reasoning, the scientific method, theory building and collaboration with others (p. 31). This research makes use of inductive reasoning as it starts with an observation rather than an assumption to collect information. It observes a sample and then draws conclusions about the population from which the sample was taken by developing patterns of meaning, resulting in themes that may provide more insight about the area under investigation.

All researchers have to strive for objectivity at all times (Leedy & Ormrod, 2001, p. 21). There was therefore an obligation to place distance between the researcher and GSH, due to an association as an administrative officer at the hospital. Personal experiences, impressions and biases were put aside as far as possible so as not to influence observations and data gathering. Although the daily functions of the researcher at GSH led to a personal awareness and involvement with the research problem, it was endeavoured to set aside personal judgment and opinions of how internal stakeholder communication takes place. Leedy and Ormrod (2010, p. 21) advise that one way to remain objective is to carefully design a systematic investigation or exploration of measuring the phenomenon being studied. The

data derived from the phenomenon have thus been limited to specific pre-set themes for interpretation and comparison, based on the research questions and objectives (2010, p. 21). During the entire research process initial parameters and questions designed were strictly adhered to while exploring the internal communication investigations and the interviews regarding the internal communication experiences of the various generations of nurses.

The larger theoretical framework and contextual landscape in which this study is situated has been described comprehensively in the Literature Review in Chapter 2. The design for this research was informed by an ontological and epistemological stance as well as the theoretical framework in which internal stakeholder communication is rooted. Having considered these approaches, the research was embedded in systems, structuration and generational theory with an over-arching platform of public relations and communication models. The underlying assumption is that any organisation is only effective as a system when there is evidence of effective internal stakeholder communication with and among the nurses.

Akpabio (2004) observes that hospitals and their caregivers are lacking a “human touch” in their dealings with patients and maintains that nurses need to be equally good public relations practitioners to “forestall conflicts and maintain cordial relationships amongst their various clients. Nurses should see public relations as a planned activity and a management function” (2004). The absence or lack of effective communication between nurses would undoubtedly have an effect on patients, which are the reason for the existence of the hospital. Even public institutions need to be financially viable and sustainable because they operate within a budget derived from taxpayers and therefore the achievement of client satisfaction and patient-centred healthcare is expected by its constituents, the public.

3.5 Qualitative research

Patton (2014, p. 21) opines that there are no rigid rules to prescribe what data should be gathered to investigate a particular interest or problem and there is no single, ideal standard. There are, however, three common ways of conducting research: quantitative, qualitative and mixed methods (Leedy & Ormrod, 2010, p. 31). Patton (2014, p. 90) emphasises that both quantitative and qualitative research share basic values in terms of systematic inquiry, matching methods to questions, conscientious data collection, appropriate analysis and detailed reporting of the procedures followed, as well as acknowledging both the strengths

and weakness of the approach taken and the outcomes of the research. An important factor is deciding the methods of undertaking the research in advance, rather than developing and modifying these during the research process (Maxwell, 2013, p. 88).

In quantitative methodology, researchers believe that if you cannot measure something, it does not exist. Conversely, social science research methods are the rules of the game of “looking” and, by following these rules it is ensured that the clearest picture of the aspect of life that is being studied has been drawn (Sumser, 2001, p. 3). Qualitative researchers find meaning in words and stories and are intrigued with narrative and case studies (pp. 4-5). Their worlds are complex, dynamic, interdependent, textured, nuanced, and unpredictable and best understood through stories (Patton, 2014, p. 87). The benefits of qualitative research are to explain how systems function and describe the consequences for people’s lives. This is done by exploring why people do what they do, which occurs, not within the systems of which individuals are a part, but in their own experiences and contexts (Patton, 2014, p. 3). Patton provides the benefits of qualitative research methodology as follows:

Table 3.5-1 Seven ways in which qualitative research contributes to understanding the world (Patton, 2014, p. 3)

Illuminating meaning	Inquiries into documents and interpretation of the meaning-making process.
Studying how things work	Getting inside, the phenomenon of interest to get detailed, descriptive data and perceptions about the variations in what goes on and the implications of those variations for the people and processes involved.
Capturing stories to understand people’s perspectives and experiences	Qualitative enquiry questions aimed at getting an in-depth, individualised and contextually sensitive understanding of the perspectives and experiences of individuals.
Elucidating how systems function and their consequences for people’s lives	Why people do what they do is found not just within the individual, but rather within the systems of which they are part: social, family, organisational, community, religious, political and economic systems.
Understanding context: How and why it matters	Studying how systems function includes attention to context. Context refers to what’s going on around the people, groups, organisation, communities, or systems of interest.
Identifying unanticipated consequences	Documenting plans and studying the consequences, both intended and unintentional, of change processes.
Making case comparisons to discover important patterns and themes	Comparisons involve analysing both similarities and differences. Learning and deepening our understanding of phenomena of all kinds by drawing contrasts and making comparisons.

A qualitative approach was thus chosen as an appropriate study type, based on the nature of the problem and guidance from literature, through the research participant’s assumed *Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.*

understanding of the meaning of his or her life world through interviews to understand and interpret a participant's perception of the meaning of the problem. An understanding and interpretation of the perceptions of the meaning of the problem were gained through the worldview of nurses of all generations and staff categories at GSH (Cresswell, 2007).

3.6 Research methodology

3.6.1. Data collection instruments

According to Putnam and Mumby (2014, p. 4), methodological approaches have broadened due to the increase in theoretical perspectives.

There has been a rapid shift from the debates of the merit of quantitative versus qualitative research to recognition that varied methods are suited to specific questions related to the nature of "organising". Likewise, there are various types of data collection, analysis and interpretation. According to Patton (2014, p. 14) there are three important kinds of qualitative methods of collecting data: interviews, observation and documents. Maxwell (2013, p. 88) compares structured to less structured approaches to data collection. A structured approach ensures the comparability of data across individuals, times, and settings and are useful when describing differences between people and settings; however, less structured approaches allow for a focus on particular phenomena being studied, which may differ between individuals or settings that require individually tailored methods.

The type of data needed to respond to the research question was anticipated and a less structured approach was taken to gain a "thick description", as it contains as much information as possible for two reasons:

- It cannot be immediately understood what may turn out to be important and it is necessary to transcribe as much as possible; and
- The memory of the researcher is like a sieve and may distort what is not lost (Sumser, 2001, p. 119).

For this reason, the two following data collection instruments were selected:

3.6.2. Document or text analysis

3.6.2.1. Objective

One of the benefits of qualitative research is to illuminate meaning through documentation to gain an understanding of the current state of internal stakeholder communication at the hospital, the organisational culture and structure in which nursing staff at GSH functions, and to strengthen the research.

The study of documents and existing material that sheds light on the research questions and guides the research is called document or textual analysis. While “texts” may refer to any material of communication such as documents, letters, minutes, and books or articles, texts can also refer to photos, videos, film, drawings or any type of visual material that are already in existence. It entails the analysis of any written material that contains information about the phenomenon that is being researched (De Vos et al., 2011, pp. 376-377). It is “a systematic procedure” (Bowen, 2009, p. 27) to “... either understand their substantive content, or to illustrate deeper meanings which may be revealed by their style and coverage” (Ritchie & Louis, 2003).

This method has been fundamental in both quantitative and qualitative research for many years and has increased in scholarly literature (Bowen, 2009, p. 27). It allows for gleaning new facts to understand the current situation of the environment in which the research is taking place, determine major stakeholders involved and the history and retrospective information regarding the environment, as well as assists in gaining insight into what further data is required (Hurworth, 2011, p. 2). Documents, such as minutes of meetings, agendas, newsletters and internal office memos are written with a view to continual functioning of an organisation or for the execution of a particular matter (De Vos et al., 2011, p. 377). Such documentation contains text and images that have been recorded without the intervention of the researcher and are often used in conjunction with interviews to minimise bias and establish credibility (Bowen, 2009, p. 38).

As an employee of GSH with the function of strategic support and minute taking at high-level meetings, the researcher has been privy to discussions regarding internal stakeholder communication, as well as feedback reports on regular surveys that take place and is aware of available documentation.

3.6.2.2. Data selection

The data was selected according to the key concepts of the study to explore the current situation related to internal stakeholder communication at GSH and so address the primary and first secondary research question. The benefit of such an analysis provided information regarding events that had taken place prior to the evaluation and information that is reliable from past records, rather than personal recall, as well as information that is credible, with less evaluator bias (Hurworth, 2011, p. 3).

Surveys in the organisation are undertaken according to both quantitative and qualitative methods. It was not the intention to rework available data, and thus the outcomes of the surveys were analysed to further strengthen and support the research problem and questions regarding:

- Possible challenges encountered by line management regarding communicating with internal stakeholders.
- Stakeholder satisfaction related to such communication.
- Feedback from patients regarding communication with staff members.

3.6.3. Semi-structured one-on-one interviews

3.6.3.1. Objective

Another benefit of qualitative research includes the capturing of stories, understanding how systems function and understanding context. It was therefore decided to make use of open-ended questions related to internal stakeholder communication to gain rich information regarding the perceptions and experiences of nurses from various generations at GSH.

Semi-structured one-on-one interviews with carefully selected nursing staff and line management, from the various generations and cohorts, provided for creativity and insight, rather than a mechanical version of the research questions (Maxwell, 2013, p. 100). This was done to yield in-depth responses from interviewees regarding their experiences, perceptions, opinions, feelings and knowledge about the research subject (Patton, 2014, p. 14).

3.6.3.2. Sample selection

The sample should be representative of the population from which it is selected by ensuring that the characteristics of the population reflect those of the sample (Bloor & Wood, 2006, p. 153). Sampling may be either random or purposive, based either on extreme or deviant

cases that illustrate maximum variety of variables, or are somehow typical of a phenomenon, or that confirm or disconfirm a hypothesis or assumption (Denzin & Lincoln, 2001, p. 780).

In this case, the sample was purposive and is typical of the phenomenon. Such a sample allows the researcher to select respondents according to the aims of the research (Coyne, 1997, p. 624); to gain data that is information-rich and assists in the illustration of the process (Patton, 2014, p. 46); and informs an understanding of the research problem (De Vos et al., 2011, p. 392).

3.6.3.3. Interview process

One-on-one interviews were chosen for data gathering in the second phase of the primary research. Such interviews are “an interpersonal interaction whereby one person asks others for their knowledge, beliefs, attitudes and behaviours on a topic, usually in a face-to-face situation” (Minichiello et al. 1995, p. 62 in Kayrooz & Trevitt, 2005, p. 189). The interview method is well-known and most respondents have a good idea of what to expect. According to Kayrooz and Trevitt (2005, p. 191) there are further advantages to in-depth interviews:

- Enabling the interviewer and interviewee to develop a relationship with one another.
- Enabling the interviewer to target selected interviewees.
- Adapting and adjusting procedure in response to changing circumstances as the interview progresses.
- Allowing open-ended exploration of topics and an opportunity to unearth new or unplanned details and avenues to consider.

3.6.3.4. Research population

The Nursing Directorate of GSH was chosen as the research population as it comprises an estimated 42 % of the total staff working at GSH. The Nursing Directorate clearly comprises the defined categories, providing distinct strata from which a representative sample may be chosen. Furthermore, nursing functions across both clinical and administrative services; works in multidisciplinary teams within clinical areas of the hospital; and thus provide the best opportunity to explore internal stakeholder communication across the services at the hospital.

3.6.3.5. Participants

The research endeavours to identify opportunities for management to adapt to the changing workforce and the following managers were selected for semi-structured one-on-one in-depth interviews:

- Senior Manager: Nursing at GSH
- Three deputy managers within the Directorate: Nursing at GSH
- Two operational managers within the Directorate: Nursing at GSH

The research sets out to understand how nurses of various generations communicate internally. It was not possible to reach nurses fitting the category of the Silent Generation for interviews due to retirement regulations stating that retirement is mandatory at the age of sixty-five. Some nurses in this generation occasionally work as part-time contractors, but it was challenging to determine when and where to find them. Two participants from each available generation present at the hospital were thus chosen:

- Baby Boomers
- Generation X
- Millennials.

3.6.3.6. Interview schedule

De Vos et al. (2011, p. 343) caution that the challenge that researchers face when making use of qualitative research interviews is establishing rapport to gain information from participants, dealing with unanticipated problems, and recording and managing large volumes of data generated by even relatively brief interviews. By carefully aligning the interview questions with the objectives of the research it was possible to structure the interview questions in such a way as to gain insight into needs of multi-generational nurses, problem areas and gaps associated with the current methods of internal stakeholder communication at GSH.

3.6.3.7. Scheduling interviews

By making personal contact with each participant when scheduling interviews, rapport was established and it was possible to prepare each interviewee for what to expect. Interviews thus took on a conversational quality, rather than questions and answers; and more in-depth responses were achieved. Interviews took place randomly rather than sequentially, which assisted with objectivity. Having built a personal relationship with each participant, further confidentiality was ensured by each interview transcription being allocated a number rather than a name.

3.6.3.8. Data analysis

De Vos et al. (2011, p. 360) advise that good practice may be followed by transcribing and analysing interviews while they were still fresh in the researcher's mind, rather than stacking

interviews and endeavouring to synthesise all the recordings. It is also a way of identifying data saturation. According to Patton (2014, p. 521) "findings emerge like an artistic mural created from collage-like pieces that make sense in new ways when seen and understood as part of a greater whole". This analogy became a reality as the patterns and themes emerged.

Transcription of interview recordings took place in the same sequence as the interviews as a further means of retaining objectivity. Personal transcription of the recordings provided "first glance" insight into the phenomenon being studied. Analysis of the free-flowing text that resulted was exploratory and transformed data into findings for interpretation, presentation and reporting. The challenge of qualitative research, however, is making sense of large amounts of data, which involves reducing the volume of raw material, sifting the trivial from the significant, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals (Patton, 2014, p. 521). Because each qualitative study is unique, the analytical process is also unique (p. 522).

3.6.3.9. Coding

Identifying and refining key concepts is an important part of the iterative process in qualitative research (Schutt, 2019, p. 328) and coding assists in lifting out topics, issues, similarities and differences that emerge from the narrative data (Sutton & Austin, 2015, p. 228). This process provided the beginning of an understanding of the phenomenon from the perspective of the participant. It was chosen not to make use of research software to gain an in-depth view of the thoughts and perceptions of the participants.

3.6.3.10. Themes

Themes are abstract constructs that are identified before, during and after data collection (Denzin & Lincoln, 2001, p. 781). It is suggested that general themes from reading literature be used to add more themes and subthemes. Such themes are common in the way experiences are described (Leedy & Ormrod, 2014, p. 148). Certain themes and concepts had been determined by the problem statement and the literature review. The data from the textual document analysis and interview transcriptions, when consolidated, highlighted further themes to take into consideration. Inductive analysis thus took place by searching the data for patterns and themes, by entering the preconceived analytical categories, to gain conclusions to the research questions (Patton, 2014, p. 551).

3.6.3.11. Data alignment

Coding represented key concepts of the study. Themes emerged from the document analysis and one-on-one interviews. Themes were then sorted in a spreadsheet to align with relevant codes. By aligning codes with themes, it was possible to reduce the raw data that resulted into a narrative version of the findings.

3.6.3.12. Reporting of data

Data should be presented as objectively as possible (Sumser, 2001, p. 89) and it is necessary to separate the presentation of the data from the analysis and interpretation of the data. In this study, it was not attempted to design a theoretical model, but to describe the thematic constructs and their relationships to answer the research questions and arrive at a conclusion and present proposals. This data was presented as the findings from the research.

3.7 Reliability and validity

In social science, the technical terms reliability and validity refer to the objectivity and credibility of research (Peräklä, 2016, p. 413).

- Reliability assures the accuracy and inclusiveness of research data; while
- Validity tests the credibility of the analytic claims that are being made about the research data (p. 414).

3.7.1. Reliability

Reliability refers to whether or not the same answer can be gained by using an instrument to measure something more than once. In simple terms, research reliability is the degree to which a research method produces stable and consistent results (Dudovskiy, 2018)

It was important, as a scholar of communication, to understand reliability as there are exceptions to even the strongest patterns of behaviour, and it is necessary that the results reflect the rule rather than the exception (Sumser, 2001, p. 9). In the case of this research, there were specific patterns that emerged among the various responses.

A number of researchers share the definition of the concept of reliability as “the extent to which the same answers can be obtained, using the same instruments more than one time”; (Dudovskiy, 2018; Carmines & Zeller, 1979, p. 11 in Denzin and Lincoln 2001, p. 785) in the case of qualitative research. Dudovskiy (2018) simplifies these views by advising that, if

research is associated with high levels of reliability, other researchers need to be able to generate the same results with the same research methods and similar conditions.

3.7.2. Validity

Validity of research relates to the interpretation of observations (Peräklä, 2016, p. 415) and whether it reflects the reality in a meaningful way (Sumser, 2001, p. 9). According to Sumser this can be achieved by conducting research in a systematic way to align the purpose, context and approach to the design methods. Many of the concrete techniques to assure validity are shared by different strands of qualitative research (Peräklä, 2016, p. 415).

The researcher's interpretations of observations are valid when they are in a credible and demonstrable way based on the data. Even though the term "validity" is not used by all qualitative researchers, the concern for credibility of interpretations is the same in all strands of qualitative research. In most instances, the responses from interviews aligned with the findings of the textual document analysis.

Kayrooz and Trevitt (2005, p. 313) add that peer review is a further means of ensuring validity. As qualified 'critical friends', peers would be aware of critical standards and may extend beyond a close-knit community of scholars to the subjects being investigated.

3.8 Conclusion

This chapter outlined how the research design and methodology emerged by perusing research literature to address the initial problem statement. By gaining understanding of paradigms, it was possible to assess what is important, legitimate and reasonable, and is normative. An ontological perspective provided an understanding that, to explore the research problem, one would need to understand the viewpoint of the participants and the environment in which they work.

The alignment of the research objectives to the research questions allowed for planning the process of qualitative research methodology to firstly, understand the current state of internal stakeholder communication at GSH; and secondly explore the internal communication needs and preferences of a multi-generational nursing workforce at GSH.

The following chapter will provide the analysis of the primary research in an endeavour to illuminate the effectiveness of internal stakeholder communication at GSH and the needs and preferences of a multi-generational nursing workforce, as internal stakeholders of GSH.

In healthcare, where we are constantly reminded of the need to make pragmatic improvements to the outcomes of healthcare delivery, empirical evidence is needed to guide the use of new technologies, and there is now a growing literature on the value of communication systems in health service delivery. Nevertheless, there remains a substantial imbalance in the attention that is given to communication support, compared to that paid to traditional information systems. Yet communication enhancements seem to be one of the cheapest and most cost-effective interventions we have to improve the quality and safety of clinical services, and deserve much greater attention than they currently receive (Coiera, 2006).

4.1 Introduction

The previous chapter describes the research design and the methodology that was selected to explore and explained internal stakeholder communication among a multi-generational nursing workforce at GSH.

Literature related to corporate communication indicates that the practice of public relations takes place within organisational communication that contributes to the image and brand of GSH and ultimately the reputation of WCGH. Exploration of how nurses of various generations experience internal stakeholder communication in a large public hospital such as GSH has therefore been a key interest from the inception of the study. It is vital that the various audiences and destination of all communication messages and the functions of the hospital are transmitted and received clearly. If there were no shared meaning regarding the purpose of communication between management and internal and external stakeholders, much of the effort to ensure excellent health services to the public would be in vain. Such exploration is best undertaken by qualitative research methods to gain in-depth knowledge of perceptions and experiences of the population being studied.

The chosen research methodologies for this study commenced with a textual document analysis of a selection of institutional documents available to the researcher. These are written materials and documents from the organisation (GSH) that were deemed relevant to the theme of this study, from which excerpts were captured. It was thus possible to explore internal stakeholder communication within the context of the organisation itself (Patton, 2014, p. 14). This data was analysed to gain an understanding of the current state

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

of internal communication at GSH and insight into whether findings of surveys, studies and management discussions have been addressed with a view to improvement.

Subsequently, elected document analysis was followed by semi-structured one-on-one interviews with the various generations of nurses as internal stakeholders. These interviews endeavoured to explore the internal stakeholder communication effectiveness through the perceptions and experiences as well as needs and preference of nurses of all generations that are currently working at GSH. It was further attempted to glean suggestions for improvement that may not have been addressed from the results of previous studies.

The intention was to consider the data findings of both the document analysis and one-on-one interviews to understand what aspects of internal communication among multi-generational employees are successful and where improvement is required, to provide proposals towards better understanding and planning of public relations functions related to internal stakeholder communication.

4.2 Selection of documents for text or content analysis regarding communication climate

4.2.1 Minutes of GSH Executive Management Committee meetings

The purpose of this meeting is to provide strategic direction and high-level decision-making. Representation consists of Heads of Corporate and Clinical Departments. All the minutes of the Executive Management Committee between 2015 and 2017 were analysed. Various themes emerged out of the strategic conversations that have taken place during this period.

4.2.2 London School of Business Report on an audit of communication practices within GSH

MBA students from the London Business School undertook an audit of communication practices in 2012, the purpose of which was to summarise the findings from a one-week audit of all communication practices and to propose suggestions for improvement (Okhlopkov, Muslimov, Martinez, & Ghosh, 2012, p. 3). This study was undertaken by means of a qualitative methodology.

4.2.3 Groote Schuur Hospital Annual Client Satisfaction Survey

The client satisfaction surveys for 2014-15, 2015-16 and 2016-17 were analysed.

The objectives of the survey are:

- To assess level of satisfaction of clients/patients

- To ascertain gaps in service provision and attend to them
- To provide the facility manager with evidence-based requirements for training, equipment and infrastructure to redress gaps

The aims of the survey are:

- To measure the satisfaction levels of clients utilising GSH.
- To assess service user perception of services received and to what extent their expectations have been met.

Dimensions analysed:

- Assurance
- Empathy

4.2.4 **Groote Schuur Hospital Annual Staff Satisfaction Survey**

The survey provides annual feedback by the Independent Counselling and Advisory Service (ICAS) (2013-2016) from the GSH Staff Satisfaction Survey

The review reports for 2011-12, 2012-13 and 2015-16 were analysed to gain a picture of employee satisfaction with the dimensions that were deemed relevant to this study.

Response was inadequate during the 2013-14 financial year and an annual review report was not provided.

The following indicators were analysed:

- Opinion of the organization
- Communication and consultation
- Leadership style
- Trust
- Team functioning
- Coping style
- Perceptions of change

4.2.5 **Groote Schuur Hospital: Employee Health and Wellness Programme**

ICAS provides annual feedback to Groote Schuur Hospital with the objective of enhancing its health and wellness by informing, empowering and providing employees with skills to take ownership of their wellbeing.

Dimensions Analysed:

- Engagement

- Stress
- Organisational Issues
- Information and Resources

4.2.6 **Groote Schuur Hospital Barrett Survey on organisational culture**

The Barrett Survey (Barrett Values Centre, 2013-2015) is undertaken at all provincial health facilities biannually and provides feedback on organizational culture.

The survey measures organizational culture outcomes at three levels:

- Common Good
- Transformation
- Self-interest
- Indicators

Each level is analysed according to:

- Personal Values
- Current Cultural Values
- Desired Cultural Values
- Entropy

4.2.7 **Themes that emerged from the content analysis pertaining to internal communication**

The following themes emerged that guided the findings:

- Communication Practice
- The Message
- Channels of Communication
- Practice of Public Relations
- Communication system
 1. Strategic Communication
 2. Organisational Culture
 3. Leadership
 4. Employee Engagement

4.3 Semi-structured one-on-one interviews

4.3.1 Participants

The Directorate: Nursing at GSH provided a complete schedule by date of birth of nurses on the hospital staff establishment in an Excel™ spreadsheet. The schedule was sorted by date of birth and separated according to the various generations, and a purposive sample was selected. On examination of the information provided, it was found that there are no nurses born between 1935 and 1942 employed by the hospital. Further investigation indicated that, in accordance with Section 16(7) of the Public Service Act of 1994 and confirmed by a circular issued by the then Head of Health within the WCGH, retired employees may be appointed on contract for a maximum of two years (Western Cape Government Health, 2012) after retirement age of sixty-five in highly exceptional circumstances. Such employees would thus be no older than sixty-seven years old and do not fall into the Silent Generation category. Silent Generation nurses were thus not identified. To alleviate skewing of data by participants that may fall into the cusps of generations, selection took place from older Baby Boomers, younger Millennials and a middle range of Generation X. Interviews took place with the following:

Table 4.3.1-1 Summary of Interview Participants

Staff Category	Generation
Senior Manager: Nursing:	Generation X
Deputy Director: Nursing	Baby Boomer
Deputy Director: Nursing	Baby Boomer
Deputy Director: Nursing	Baby Boomer
Operational Manager: Nursing	Millennial
Operational Manager: Nursing	Baby Boomer
Professional Nurse	Baby Boomer
Staff Nurse	Baby Boomer
Professional Nurse	Generation X
Professional Nurse	Generation X
Professional Nurse	Millennial
Professional Nurse	Millennial

4.3.2 Interview schedule

The interview questions were developed from the research questions, aligned to the research objectives, as demonstrated in Annexure 2.

4.4 Semi-structured one-on-one interviews

Having selected the participants and designed the interview agenda, personal contact was made with each interviewee to schedule appointments. Each interviewee was provided with a personalised cover letter that sketched the background to the study and included the research agenda and consent forms. It was thus endeavoured to prepare each interviewee prior to interviews. In this way a relationship was built with each interviewee

Some challenges were experienced. One Deputy Director of Nursing had resigned and another interview was scheduled and conducted successfully. Another participant refused to do the interview that had been scheduled and another literally ran away. These challenges took place despite an explanation of anonymity, and a perception was formed that there may be issues related to trust within the organisation even though anonymity was ensured by the ethical clearances. Subsequently, the staff list was revisited, replacement interviewees were selected and interviews scheduled.

Each participant was regarded as an individual and interviews were not scheduled according to categories or sequentially. In this way, it was possible to remain objective when the interviewee revealed the generation that he or she represents.

The interview process was an opportunity to reach out to nursing staff in areas of the hospital that not been experienced by the researcher and insight was gained regarding nursing activities. Open-ended questions resulted in conversations, rather than a structured interview, although still adhering to the interview agenda and promise of anonymity. Each interview was recorded with permission and the recordings were saved in a file on a personal computer with an access code to ensure confidentiality.

4.5 Transcription of interviews

Interviews were personally transcribed verbatim in a Microsoft Word™ document and were saved on a personal computer with an access code. It was a lengthy process and once completed, the interviews were consolidated according to the category of interviews (see Table 4.3.1-1 Summary of Interview Participants):

- A. Management
- B. Operational Management
- C. Baby Boomers
- D. Generation X
- E. Millennials

Each interview was assigned a number, e.g. A1, A2, A3. Each transcription category was then transferred into an Excel™ spreadsheet on individual worksheets according to categories of participants and aligned to the interview questions. Having completed this process, the responses within each were sorted according to interview questions. What was of interest was that responses to each question did not necessarily correspond to the question and in some instances expanded to other relevant interview questions.

4.6 Coding of interview transcriptions

Once the interview responses were aligned to the interview questions, each response was coded according to the content of the interview questions and responses. Thereafter the coding process was consolidated across categories of participants.

4.7 Themes that emerged from transcriptions of interviews with nurses

The data was collected according to themes that emerged within each of the categories of interviews that took place. To describe themes, direct quotations from respondents were used to create understanding. An Excel™ spreadsheet was used to organise and display raw data, which was then sorted to align with codes and then themes. The themes were then converted to a pivot table that enabled a summary. It was interesting to find that themes did not necessarily align with the codes and thought-provoking findings arose.

4.8 Conclusion

This chapter described the qualitative research process that took place to explore and explain internal stakeholder communication effectiveness at GSH through a textual document analysis and semi-structured one-on-one interviews with nurses of all present generations. It was a pivotal point, from an initial problem and ontological perspective, regarding raw data that is unique to this study and the nursing environment. The next chapter documents the findings that emerged from the raw data.

Findings and interpretation of primary research

“Scholars in diverse health-related disciplines and specialty fields of practice routinely promoted qualitative research as an essential component of intervention and implementation programs ...

Remarkably little attention, however, has been paid to the most important element of qualitative studies – the findings in reports of those studies – and specifically to enhancing the accessibility and utilisation value of these findings for diverse audiences of users” (Sandelowski & Leeman, 2012)

5.1 Introduction

The previous chapter documented the qualitative research process to explore and explain internal stakeholder communication with a multi-generational nursing staff workforce at GSH. A qualitative approach resulted in raw data that was analysed according to themes and codes that were aligned with the research questions.

This chapter will discuss the findings that reflect current internal stakeholder endeavours and the perceptions and experiences of nursing staff in a large public hospital such as GSH. It will also identify gaps and problem areas related to internal stakeholder communication needs and preferences of nurses of various generations with a view to making proposals for more effective internal stakeholder communication.

5.2 Document Analysis

Documentation for the past three years was systematically analysed and the following themes arose:

Table 5.2-1 Themes from Document Analysis

Communication practice	Message Media Channels
Public relations practice	Lack of clarity of the role of public relations The need for engagement with staff, labour unions and other stakeholders.
Communication system Strategic communication	Frustration regarding access to information and policy The need for a strategic communication strategy and engagement with staff and other stakeholders.
Organisational culture	The need to address perceptions of GSH as an organisation. Staff members are suspicious and management does not feel capacitated.
Leadership	Leadership development at high level; yet lack of capacitation of lower levels of managers.

The GSH communication plan	External communication Relates to awareness campaigns for various projects
	Internal communication Change management Staff recognition Stakeholder management and networking Strategic objectives Innovation Health Calendar awareness
	Reputation management Highlighting events at the hospital and gaining media exposure
Common good	The level of cultural entropy issues related to culture and structure.
Transformation	Cultural entropy related to performance.
Opinion of the organisation	Staff Satisfaction Survey findings and recommendations. Discussed more broadly below.
Communication and consultation	
Leadership style	
Trust	
Team Functioning	
Perceptions of change	
Assurance	

5.2.1. GSH Executive Management Committee Meetings

5.2.1.1. Communication practice

Message

GSH started its new strategic change journey in 2015. This change in direction resulted in many discussions regarding how to disseminate the message throughout the organisation, including internal stakeholders such as labour. In addition, there is a dissonance related to communication at the various levels of management within the organisation. The need to engage with millennials was further raised as the #FeesMustFall challenge developed. Concepts related to communicating the message include the need for relevant information, downward communication, and exploration of vehicles of communication, such as email. The matter of meeting structures was raised as a key means of communicating the message. Issues such as rumour and uncertainty among staff was reported.

Media channels

Discussion has taken place regarding various media to disseminate the strategic message to create awareness, which needs to be engaging and interactive. A presentation was proposed that outlines the GSH journey. Further proposals included a multimedia programme, and a video project. An agency specialising in public relations had been consulted; however, such a video proved to be unaffordable. As an alternative, an existing GSH corporate video was distributed to management.

Practice of Public Relations

The function of public relations has been questioned in light of lack of exposure in the media. Gaining positive exposure for the hospital and building its brand is a challenge due to the need for compliance with communication policy related to social media. Such policy is governed by the WCGH Department of Communications. The Public Relations Manager reports to the WCGH Department of Communications and thus does not have authority to support GSH management in its communication efforts. There is also a need for issues management resulting from incidents that arise within the organisation.

Furthermore, an information gap exists between management and staff. Engagement with staff, labour unions and other stakeholders arises out of perceptions related to how the management message is fed down to staff. Uncertainty was noted by labour unions regarding feedback to staff. There is a need for engagement, open discussion, interaction and facilitated sessions. Management mandate and authority appear to be a challenge for management.

5.2.1.2. Communication system

The communication system is regarded as information technology structure. Staff members have communicated frustration regarding difficulty in accessing information such as policy, protocols and guidelines. Clinical staff appointed jointly on the UCT and GSH staff establishments do not have access to government communication systems because they make use of the UCT system and cannot access the Western Cape Government Intranet. Furthermore, Quality Assurance has raised concern that it is not possible to gain access to information due to the number of external communication systems in use by clinical staff.

Similar to the issue of social media, Internet-based systems are hampered by the need to comply with government policy. In addition, it is uncertain what the process is for uploading vital information required by clinical staff. There is furthermore a need to provide training related to systems where information may be accessed.

5.2.1.3. Strategic communication at GSH

The role of management communication comprises largely of communicating the strategy of the organisation. There has been an acceptance that there is a need for a communication strategy to disseminate the vision of the organisation, as well as strategy development to the broader staff and stakeholders such as labour unions and UCT FHS. Engagement with staff is vital but management does not feel capacitated to engage with staff. An internal

newsletter has been redesigned to include both GSH stories and stories that relate to GPS, which is disseminated by email. It is the responsibility of Nursing Operational Managers to ensure that nurses that do not have access to email are provided with a hard copy of the newsletter. Although the newsletter is used as a tool to provide strategic messages to employees, they are suspicious and sceptical regarding the strategic change within the organisation, and the perception is that the process relates to cost saving.

5.2.1.4. Organisational culture

GSH wishes to develop a culture change by developing self and teams through transformational leadership with teamwork, open discussions and respect. There is a need to respond to challenges through systems resilience. In addition, there is a need for behaviour change to facilitate both the vision of GSH and that of WCGH. Management accepts the need to address perceptions within the GSH environment. The need for trust and transparency is vital in the midst of employee perception. Although cultural diversity is part of the environment in which the hospital operates, the concept of transformation has also been raised in terms of respect towards each other rather than transformation in terms of racial groups.

Surveys on staff wellness highlights issues related to staff morale and burnout, particularly among nursing staff, which is of concern. There is thus a further need to provide assistance to nursing. It was intended that the newly appointed Head of Nursing would play the role of a change agent.

5.2.1.5. Leadership

Senior management has undertaken a leadership-learning journey with various facilitated sessions. In addition, management has participated in coaching and mentoring to support GPS improvement processes. Discussion at management meetings relates to leadership practices, good leadership, and management style. Assessments have taken place; however managers are concerned with time to practice good leadership in terms of workload. The concept of primary and secondary teams has highlighted a lack of capacitation at general management level.

Developments within the external environment influences matters of leadership at GSH. Head Office has developed and distributed a leadership charter and more recently has undertaken an exploration of management structures to gain efficiency. Management at

GSH will have to contend with changes in structure and will need to align its leadership ideology with that of Head Office.

5.2.2. GSH Communication plan

When one considers the leadership development that GSH has undertaken, it would be important to understand how leaders plan to disseminate messages that internal stakeholders would follow. There is no indication whether the communication plan provided by Public Relations has been implemented. It speaks to:

- External Communication
- Internal Communication
- Reputation Management

This plan does therefore not consider its target audience, or a multi-generational workforce that may have varying understanding of what leadership wishes to communicate or achieve.

5.2.2.1. External Communication

This objective of the communication plan relates to awareness campaigns for the various projects, such as the awareness of dangers of diving leading to spinal injuries; breast cancer awareness; and hand hygiene (promoted in print media and community radio, as well as social media and the WCGH website).

5.2.2.2. Internal Communication

The objectives for internal communication are:

- Change management is promoted by way of posters, town hall meetings, a communique, notice boards and flyers.
- Staff recognition by way of long service awards and retirement functions.
- Stakeholder management and networking by way of monthly meetings, one-on-one meetings with the CEO, and meetings with potential sponsors.
- Strategic objectives that include the First 1000 days of an infant's life; staff wellness by targeting staff and public at the hospital to show importance of good health; as well as a wellness day focused on certain topics such as hypertension.
- Innovation by highlighting various innovation projects taking place at the hospital through print media and newsletters, social media, and the WCGH website.
- Health Calendar awareness by supporting departments that are celebrating awareness days through social media and the WCGH website.

What is clear from these objectives is that they are aligned to the strategic objectives of WCGH and not those of GS.

Reputation management

The objective is to highlight events at the hospital through proactive media, endeavouring to gain one media story per month. It is, however, not possible to gain any input as to how this communication plan has been implemented, monitored and reported on.

5.2.3. London Business School Audit of Communication Practices

5.2.3.1. Interpretation of the results

Communication practices are good, given the resources available. Management team pays attention to this aspect of corporate culture.

Most personnel have access to information related to professional duties, as well as general corporate events within GSH. Such channels of communication are effective and comprise:

- Newsletter
- Notice boards
- One-on-one, group, and departmental meetings
- Management endeavours to maintain an open-door policy.

5.2.3.2. Communication Blockages

Decision-making

Managers make decisions regarding which information should be distributed or communicated to employees.

Policy

A wide range of communication channels are applied; however, their effectiveness is not reaching its full potential because there is no clear policy aiming at finding the perfect match between a particular group of information recipients and a relevant communication channel.

Information overload: A significant portion of employees is struggling with an overload of unstructured information approaching them via email.

5.2.3.3. Recommendations

Eliminate Blockages: Improve Communication Flow

- Leveraging communication technology
- Locating bottlenecks
- Facilitating bottom-up communication

Tailoring Channels to Departmental Needs: Improve Effectiveness of Communication

- Map communication methods to each employee segment
- Distinguish between routine and non-routine communication
- Distinguish between generic and targeted information
- Overcome differences in languages
- Prioritize importance of information

5.2.4. Groote Schuur Hospital: Barrett Survey 2013 and 2015

5.2.4.1. Common Good

Entropy indicates the common findings for both analyses:

- Cost reduction
- Control
- Exploitation

In 2013 a level of caution was noted.

In 2015 short-term focus and job security were noted.

5.2.4.2. Transformation

Entropy indicates the common findings for both analyses:

- Internal competition
- Manipulation
- Empire building
- Blame
- Self-interest
- Hierarchy
- Red tape
- Long hours
- Confusion
- Information withholding
- Silo mentality

In 2015 the issue of power was noted.

5.2.4.3. Recommendations

Common Good

This level of cultural entropy reflects significant issues requiring cultural and structural transformation and leadership coaching.

Transformation

It is important to reduce the level of cultural entropy to improve performance.

5.2.5. Groote Schuur Hospital: Staff Satisfaction Survey

5.2.5.1. Opinion of the organisation

Employees are largely proud of the organization and are committed to quality of care. There is a strong sense of loyalty. However, the opinion that employees have of the organization is less than positive. The lowest score was on fostering a sense of belonging and feeling valued and cared for by the organization regarding the role to be played. This finding indicates that employees may feel loyal towards the GSH brand and reputation, but may not have a sense of belonging and being part of the organisation.

Recommendations

An improved employee perception that the organisation cares and supports their emotional and social needs would result in employees becoming an integrated part of the identity of the hospital.

5.2.5.2. Communication and Consultation

This dimension is consistently the most criticised area of dissatisfaction. The organization is unwilling to act on and provide feedback on ideas and suggestions and ideas are not put into practice. Communication does not take place timeously.

Recommendations

Communication should be a key driver for engagement and performance as it contributes towards customer satisfaction.

Employees need to contribute towards the advancement of the organisation and consultation with employees form a key component for such an initiative.

Communication of the results would shift perceptions of the organisations with regard to not being heard by the organisation.

A clear plan should accompany how areas of concern will be addressed.

5.2.5.3. Leadership style

Line management respects and values work contribution. However, there is a lack of recognition or praise for doing good work. In addition, managers cannot resolve internal conflict. It appears as if management does not feel equipped to engage with employees and is therefore unable to deal with conflict.

5.2.5.4. Trust

This dimension was not reported on in 2012-13. Following reports indicate that levels of trust are compromised and respondents were neutral on the matter of transparency.

Recommendations

These perceptions may influence the amount of time employees spend trying not only to decode messages, but also to look for hidden messages. Suspicion regarding hidden agendas may result in “water cooler” conversations. Risk was noted regarding dissension spreading among employees.

5.2.5.5. Team functioning

Good to excellent relationships with colleagues and commitment to quality work. Employees consult with colleagues regarding unexpected challenging situations. The lowest score was working together among various professions.

Recommendations

Team functioning is a driver of commitment and retention. Respondents are clear as to what they are supposed to accomplish at work and how their job contributes to the organisation’s objectives.

5.2.5.6. Coping style

This dimension was not reported in 2015-16.

In 2012-13 it was found that employees are provided with the opportunity to understand where they are at in terms of their coping style. Employees were feeling hopeful and enthusiastic. There are positive emotions that relate to a greater state of cooperation, improved problem solving and lowered levels of aggression.

5.2.5.7. Detractors

The high levels of emotions in personal communication with sick patients and concerned families are compromised by inadequate coping styles leading to higher levels of burnout, that regularly need to be addressed.

5.2.5.8. Perceptions of change

This dimension was not reported on in 2011-12 and was introduced in 2012-13.

While there is the belief that senior management has their best interests at heart, there is doubt about change management abilities of leadership.

5.2.6. Groote Schuur Hospital: Employee Health and Wellness Programme

5.2.6.1. Recommendations/Interventions

In the 2013-14 report, it was noted that management could benefit from training on how to identify the troubled employees.

The following recommendations were made in the 2014-15 report:

- Intervention Strategy
- What does success at GSH look like?
- What is required from employees and managers in order to achieve this?
- Map requirements against employee satisfaction survey results.

The 2015-16 report suggested that success is dependent on leadership and managerial engagement and buy-in. It is important that managers understand the importance of employee wellness to improve the productivity of teams, maintaining team morale and mitigating behavioural risk to the organisation.

5.2.7. Groote Schuur Hospital: Client Satisfaction Survey

The client satisfaction surveys for 2014-15, 2015-16 and 2016-17 were analysed.

5.2.7.1. Assurance

The 2014-15 and 2015-16 reports proposed that, in terms of assurance, communication with the patient and follow-up facilities are workable domains with regard to improvement. The 2016-17 report indicated no improvement.

5.2.8. Summary of Findings

5.2.8.1. Communication Practice

The study by Okhlopov et al. (2012) concluded that communication practices at GSH are good, given available resources and the management team was paying attention to this aspect of corporate culture (2012). Communication and consultation were found by ICAS in its report on Staff Satisfaction to be consistently the primary area of dissatisfaction. The organization is unwilling, they found, to act on and provide feedback on ideas and suggestions, and ideas are not put into practice. Furthermore, communication does not take place timeously. ICAS (2013-2016) recommended that communication is a key driver for engagement and performance and contributes towards customer satisfaction. Employees need to contribute towards the advancement of the organisation and consultation with employees form a key component for such an initiative. Communication of the results would

shift the perception of the members of the organisation with regard to not being heard by the organisation. A clear plan should accompany how areas of concern will be addressed.

5.2.8.2. The organisational and brand message

Minutes of Executive Management Committee meetings (Groote Schuur Hospital, 2015-2017) indicate that there is a dissonance in communicating at the various levels of management within the organisation.

- The need to engage with Millennials was further raised.
- Concepts related to communicating the message include the need for relevant information.
- Downward communication is lacking.
- Exploring vehicles of communication, such as email.
- There is a need for engagement, open discussion, interaction and facilitated sessions.
- Management furthermore noted that there are issues such as rumour and uncertainty among staff.
- Management mandate and authority appears to be a challenge for management.
- Engagement with staff, labour and other stakeholders arises out of perceptions related to how the management message is fed down to staff.
- Uncertainty had been noted by labour unions regarding feedback to staff.

The matter of meeting structures was raised as a key means of communicating the message.

5.2.8.3. Channels of Communication

To disseminate the message, management has discussed various channels of communication to create awareness and to reiterate the message of the GSH Performance System (GPS), which needs to be engaging and interactive. A presentation was proposed that outlines the GPS journey. Further proposals included a multimedia programme, and a video project. A public relations agency had been consulted, however such a video proved to be unaffordable. A GSH video exists, which was distributed to management.

Okhlopkov et al. (2012) found that most personnel have access to information related to professional duties, as well as general corporate activities within GSH. Such channels of communication are effective (Okhlopkov et al., 2012) and consist of:

- Newsletter
- Notice boards

- One-on-one, group and departmental meetings
- Management endeavours to maintain an open-door policy.

However, certain communication blockages were identified that contribute to less effective communication of the message.

- Management makes decisions regarding information that should be distributed, or communicated to employees.
- While a wide range of communication channels are applied, their effectiveness is not reaching its full potential because there is no clear policy aiming at finding the perfect match between a particular group of information recipients and a relevant communication channel.
- A significant portion of employees was struggling with an overload of unstructured information approaching them via email.

5.2.8.4. Practice of Public Relations

An analysis of the GSH Communication Plan does not indicate whether GSH strategic objectives have been considered when planning communication with internal and external stakeholders. The target audience may not have been researched to select appropriate media or communication channels. It is also not certain whether the effectiveness of communication is monitored for effectiveness and value.

The function of public relations has been questioned by management in light of a lack of exposure in the media rather than internal stakeholder communication, resulting in an information gap existing between management and staff. There is also a need for issues management resulting from incidents that arise within the organisation. There is a need to gain exposure for the hospital in terms of its changed values and behavioural principles to manage reputation and build the GSH brand. The use of social media appears to be a challenge due to the need for compliance with Head Office Department of Communication.

5.2.8.5. Communication system

The communication system relates to information technology structures. Staff members have communicated frustration regarding difficulty in accessing information such as policy, protocols and guidelines. Clinical staff appointed jointly on the UCT and GSH staff establishments do not have access to government communication systems due to access policy, meaning that Internet-based systems are hampered by the need to comply with government policy. In addition, it is uncertain what the process is for uploading vital

information required by clinical staff. Furthermore, there appears to be a need to provide training for access to available communication systems.

5.2.8.6. Strategic communication

A communication strategy should be developed subsequent to concluding a strategic plan (Steyn & Nunes, 2001) and should indicate the implications for each strategic issue, decide on the corporate communication strategy, and set communication goals. It would be the role of public relation practitioners to consider strategic decisions when planning a media strategy (Ehlers & Lazenby, 2010). In addition, a media strategy would entail (Bornman, 2009):

- Researching the target audience
- Choosing the appropriate media
- Monitoring and evaluation

GSH has planned its change in strategic direction in its management meetings since 2015, resulting in many discussions regarding how to disseminate the message throughout the organisation, including internal stakeholders such as labour unions. There has been an acceptance that a communication strategy is required to disseminate the vision of the organisation, as well as strategy development to the broader staff and stakeholders such a labour unions and UCT Faculty of Health Sciences. Engagement with staff is vital; however, management does not feel capacitated to engage with staff. An internal newsletter has been redesigned to include both GSH stories and stories that relate to GPS. According to staff satisfaction surveys, staff is suspicious and sceptical regarding the strategic change within the organisation, and the perception is that the process relates to cost saving.

5.2.8.7. Organisational culture

Having noted that GSH wishes to implement strategic change, it needs to be borne in mind that, according to the Barrett Survey on organisational culture, there is a perception by staff in terms of change that, although senior management has their best interests at heart, there is doubt about the change management abilities of leadership.

The survey reports on entropy, which is the “measure of the level of disorder in a closed but changing system” and in day to day life it manifests in the state of chaos in a household or office when effort is not made to keep things in order” (Business Dictionary, 2017). Findings are reported in the categories of Common Good, Transformation and Self-interest.

- **Common Good:** relates to issues of cost reduction, control and exploitation. A level of caution was noted in 2013 and in 2015 with regard to a short-term focus on job security.
- **Transformation:** There were significant issues requiring cultural and structural transformation and leadership coaching. Issues relate to internal competition, manipulation, empire building and blame.
- **Self-interest:** Issues related to hierarchy, red tape, long work hours, confusion and information withholding, and in 2015, the matter of power arose.

It was recommended that it is important to reduce the level of cultural entropy to improve performance. This recommendation appears to be broad without much guidance to the organisation.

According to Staff Satisfaction Survey results, employees are largely proud of the organization and are committed to quality of care, and there is a strong sense of loyalty. However, the opinion of the organization is less than adequate. This finding may be interpreted as contradictory, but it appears as if employees are proud of the GSH brand, but opinion of how the organisation conducts business is less than satisfactory. This opinion might well be because of the dimension “fostering a sense of belonging and feeling valued and cared for by the organisation” which received the lowest score. The results report that when employees perceive that the organisation cares and supports their emotional and social needs, their role will become an integrated part of their identity. It could therefore be interpreted that employees that identify with the organisation will improve the image of the hospital and continue to build its brand.

With regard to communication and consultation, this dimension was found to be consistently the primary area of dissatisfaction. The organization is unwilling to act on and provide feedback on ideas and suggestions, and ideas are not put into practice. Furthermore, communication does not take place timeously. ICAS advised that communication is a key driver for engagement and performance and contributes towards customer satisfaction. Employees need to contribute towards the advancement of the organisation, and consultation with employees forms a key component for such an initiative. Communication of the results would shift the perception of the organisation with regard to not being heard by the organisation. A clear plan should accompany how areas of concern will be addressed.

The Executive Management Committee minutes (2015-2017) reflect that management accepts the need to address perceptions within the GSH environment. The need for trust and transparency is necessary in the midst of employee perception. In addition, there is a need for behaviour change to facilitate both the vision of GSH and WCGH. Although cultural diversity is part of the environment in which the hospital operates, the concept of transformation has also been raised in terms of respect towards each other rather than transformation in terms of racial groups.

Furthermore, GSH wishes to develop a culture change by developing self and teams through transformational leadership with teamwork, open discussions and respect. There is a need to respond to challenges through systems resilience. Issues related to staff morale and burnout, particularly among nursing staff, is a concern. There is thus a further need to provide assistance to nursing. It was intended that the newly appointed Head of Nursing would play the role of a change agent.

In terms of coping style, ICAS reported that there are positive emotions that relate to a greater state of cooperation, improved problem solving and lowered levels of aggression. In 2012-13, it was found that employees were provided with the opportunity to understand where they are at in terms of their coping style. Employees were feeling hopeful and enthusiastic. Subsequently ICAS reported high levels of emotions, compromised coping styles, and higher levels of burnout, depression, frustration and anxiety that need to be addressed. Negative emotions lead to the likelihood of burnout, depression and anxiety.

5.2.8.8. Leadership

The ICAS findings on Leadership (2013-2016) indicate that line management respects and values work contribution. However, there is a lack of recognition or praise for doing good work. Managers cannot resolve internal conflict and levels of trust are compromised. Respondents were neutral on the matter of transparency. ICAS reported that these perceptions might influence the amount of time employees spend trying not only to decode messages, but also to look for hidden messages. Suspicion regarding hidden agendas may result in “water cooler” conversations. Risk was noted regarding dissension spreading among employees.

With regard to team functioning, ICAS reported excellent relationships with colleagues and commitment to quality work. Employees are able to consult with colleagues regarding unexpected challenging situations. The lowest score was working together among various professions. Employees are largely proud of the organization and are committed to quality

of care. There is a strong sense of loyalty. However, the opinion of the organization is less than satisfactory. The lowest score was fostering a sense of belonging and feeling valued and cared for by the organization regarding the role to be played. In 2015, an increase in quality of care was noted. ICAS (2013-2016) advises that when employees perceive that the organisation cares and supports their emotional and social needs, their role will become and integrated part of their identity.

5.2.8.9. Employee engagement

An annual employee wellness report highlights issues related to employee engagement, levels of stress, organisational issues, information and resources. In 2013-14, the highest level of problems was reported to be amongst nursing staff, and it was recommended that management could benefit from training to identify troubled employees. In 2014-15, an intervention strategy was proposed and it was recommended that requirements be mapped out against the Staff Satisfaction Survey. It was further advised that success is dependent on leadership and managerial engagement and buy-in. It is thus important that managers understand the importance of employee wellness to improve the productivity of teams, maintaining team morale and mitigating behavioural risk to the organisation. It is of concern that lack of management engagement and staff buy-in may result in negative staff attitude.

5.3 One-on-one interviews

5.3.1. Generations of nursing staff currently working at GSH

There is a perception by Generation X and Millennials that all four generations of nurses are present within the hospital. According to the Public Service Act (Republic of South Africa, 1994) "an officer ... shall have the right to retire from the public service, and shall be so retired, on the date when he or she attains the age of 65 years." This means that the Silent Generation is largely retired; however, some specialised and scarce skilled nurses are invited to continue service on contract for short periods, which may be the reason for this perception. All nurses interviewed are certain that Baby Boomers, Generation X and Millennials are currently working together at the hospital.


5.3.2. Structure of nursing within GSH

There is consensus that internal stakeholder communication at GSH is hierarchical, which influences the channels of communication. The hierarchical nature of communication is reflected in the way that nursing is structured.

- Head of Nursing

- Deputy Directors of Nursing
- Assistant Directors of Nursing
- Clinical Facilitators
- Operational Managers
- Ward staff

Management has an expectation that nurses at ward level communicate through the recognised levels within the nursing structure. Likewise, issues that have been escalated by lower levels of nursing require feedback down through the various levels of management.



“Generation X and Millennials are not aliens and should comply with the channels of communication, which does not include WhatsApp to say they cannot come on duty.”

5.3.3. Channels and tools of internal stakeholder communication at GSH

Internal stakeholder communication at senior and middle management level within nursing takes place by telephone, email communication, meetings, verbal communication and hand-written notes. At ward level, such communication takes place largely by hand-over meetings, where the Operational Manager provides verbal feedback from senior management and meetings. One-on-one meetings and face-to-face communication are more common at ward level. The communication book is used at ward level to record written feedback from meetings and other relevant information, such as minutes of meetings and policy documents. However, it poses a hindrance to effective internal stakeholder communication because information is either not provided, or is not provided timeously, or ignored. Operational Managers and Baby Boomers note that staff just “goes with the flow”. Night staff depend on the communication book because they do not participate in verbal feedback at all times.

Challenges relate to night staff that do not benefit from verbal feedback by the Operational Manager. Baby Boomers are of the opinion that not enough time is afforded to providing feedback and therefore Generation X and Millennials feel comfortable making an appointment with the Assistant Director, in other words, jumping levels of communication when it is thought that feedback is not forthcoming. As a result, Baby Boomers feel uninformed because managers do not take care when selecting channels of communication.

A further challenge appears to be the provision of policy documentation and legislation that may have a direct effect on clinical work. Such documentation is provided by email to the Operational Manager or Clinical Facilitator. There are varying standards with regard to printing and filing of documentation and making staff aware of them. A similar issue arose regarding the distribution of the GSH newsletter that staff at ward level do not have sight of unless it is printed and disseminated by the Operational Manager, who has access to a printer.

“Um, if you can use email, you are not allowed. You are not given an email address, no.” [Millennial]

Nursing staff at ward level do not have access to email communication and depend on the Operational Manager for feedback. This lack of

technology affects nurses at ward level in their day to day activities, such as policy documentation, standard operating procedures, instructions from management, etc. as well as issues that affect them directly, such as support for staff during a recent bus strike.

“I think, as a manager, one of your fundamental objectives is to understand your audience and adjust your communication to that audience.”

While there are certain nursing managers that understand the need for customising messages, there appears to be a challenge when making use of electronic communication and miscommunication often results from email communication not being managed correctly.

Operational Managers have only recently been introduced to the use of computer and particularly, email communication. It is stated by various Baby Boomers that, in terms of computer usage, they are largely self-taught and a number of staff members have taken private tuition. A

A millennial Operational Manager notes that along the way the message gets lost, whereas personal contact often relays true reflection of how you feel and how you sensitise things. Writing or an understanding from the next person is not always measured in the same way.

Generation X nurse commented that Generation X is happy to receive information of personal interest, but note “a piece of paper with words on it is not cause for happiness”, indicating that a hospital memorandum requires consultation and interaction by line management.

"Thank goodness, when it came to us being forced to get to know the computer, although some people did typing at school, I felt I didn't have to do that because I didn't want to go into that world. So, my sister will talk to you {rat tat tat on the table}. I really admire her. And then, my baby sister also did it, but (I) didn't do that, I went into the science thing because I wanted to be in health, or nursing, or whatever. So, when we came here we didn't work on typewriters. Then it changed to PCs. As myself I said 'I cannot be left behind. I'm raising a child. We need to speak the same language.' So I went after-hours to do a course."

There is a contradiction regarding the use of electronic media. The use of cellular telephones is encouraged for clinical work; and the use of applications such as WhatsApp™ and SMS are not seen as suitable communication tools (Groote

Schuur Hospital, 2016). However, these communication tools are a reality as they are widely used by all generations and levels of staff, particularly management, that makes use of such platforms for quick decision-making and dissemination of important information.

5.3.4. Management communication

According to management, internal stakeholder communication requires filtering feedback according to relevance, importance and urgency, as well as making decisions on how to develop the message, rather than acting as a post box by merely forwarding a message.


However, Operational Management complains about excessive administrative workload resulting from managers who do not take the time to tailor messages to make them more understandable for nursing staff. There is a sense that Operational Managers have various styles of management and communication and younger Operational Managers appear to be able to combine both management and communication skills. A Millennial Operational Manager is of the opinion that some managers tend to be autocratic in the way they communicate, while others are more flexible. Some are more sensitive to their audience, while others have the attitude of lecturing and may even come across as rude.

With regard to strategic communication, Baby Boomers recognise that there are areas of excellence in the way that managers communicate; however, communication is poor with regarding to strategic matters and of general interest. There is a sense that information "gets stuck on a desk and is not read". Operational Managers observe that while most nurses are aware of the strategic direction of the hospital, they do not take much notice because they are not familiar with the terminology that is used.

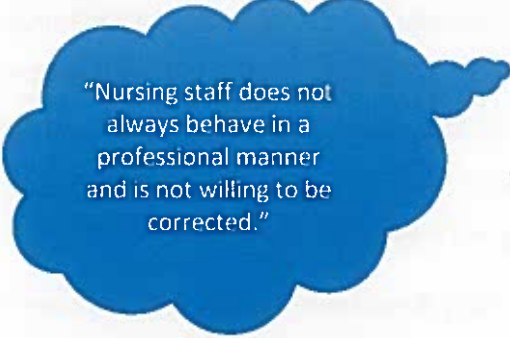
5.3.5. Preferred styles, preferences and needs of communication among the various generations of nurses at GSH

There is a clear indication that internal stakeholder communication takes place within a structured, autocratic environment and the various generations of nurses require more flexibility in terms of the various preferred means of communication. This brings to the fore the role of the Operational Manager which is seen as a conduit for effective flow of communication. It was suggested by Generation X that there is a need for Operational Managers to be upskilled to increase the effectiveness of feedback provided. Furthermore, management has expressed a need for Operational Managers to convene more open forum meetings where feedback is provided and an opportunity is given for all staff to express themselves and provide input.

Baby Boomers believe that the Silent Generation has left a legacy of a formal, autocratic style of communication. This generation demanded respect from younger nurses and Baby Boomers were moulded in this style. Thus, Baby Boomers are perceived as vocal, which is not always well received. Baby Boomers were forced to undergo a process of change to adapt to the environment to communicate in a more horizontal manner. Baby Boomers are concerned that Assistant Directors are not aware of the staff point of view, rather that they think they are there to tell them what to do.




The older generation is more militant



"Nursing staff does not always behave in a professional manner and is not willing to be corrected."

Having said that, some managers believe that Baby Boomers do not always understand the changes that are taking place. Generation X refers to this state as "tunnel vision". Baby Boomers perceive younger generations to have different moral standards to their

generation that grew up differently and there is concern that Millennials do not appreciate the strong values of Baby Boomers. They do concede, however, that there is a need to allow Generation X and Millennials to explore and make way for younger managers. While Generation X and Millennials are forging the future, Baby Boomers still feel the need to be recognised.



"It's all about me (Millennials). Yes, but I am still here (Baby Boomers)."

Generation X struggles to communicate with management because they are seen to be “stuck in their ways” by making remarks such as “in my day”.

Millennials concur that older nurses stick to their old ways and are not open to change and have the perception that older nurses communicate differently to Millennials and prefer to build relationships with nurses of their own age. There is a further perception that they do not understand Millennials and make more effort with older nurses, resulting in Millennial nurses feeling left out.

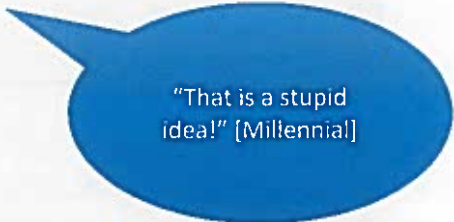
“I would say that there is some of the younger generation, somewhere, they are left out, because you will find that most of the managers, they are older and they have been here for some time. So they don’t really understand the younger generation and you will find out those managers, they – they are more communicating with those who know the place, more than the ones who are new and they don’t know the place. Then the younger ones, they feel like they are being left out. They don’t really understand. To me, I feel like they don’t make more effort to others.”
[Millennial]

Generation X believes that, irrespective of generations, nurses need to respect each other, while Management raised as a risk the issue of Generation X being power hungry with a tendency towards being autocratic, which is confirmed by a Generation X respondent indicating that previously communication was more successful when staff adhered to the nursing structure. This characteristic of Generation X is thought to be because they grew up in the time of the birth of democracy and they needed to learn responsibility, not only their rights. Baby Boomers are aware that Generation X does not like to be micromanaged and there is a perception that Management often gives Generation X nurses preference in terms of career advancement due to skill and expertise.

Management further expressed concern that the style of internal stakeholder communication, which is largely verbal at ward level, may not suit Millennials that prefer to communicate electronically. Millennials concur and add that they are used to getting lots of information and wanting more, as well as access to information. Baby Boomers do not see Millennials as incompetent, rather it is thought that, in a government environment, they may be seen as *laissez faire* and Baby Boomers are often flummoxed by what they regard as untidiness and poor behaviour. Baby Boomers are concerned that Assistant Directors are not aware of the staff point of view, rather that they think they are there to tell them what to do.

Generation X note that Millennials challenge their seniors all the time. They are also seen to be vocal, which may result in conflict with the Baby Boomers. It is thought that Generation X is more flexible, is more likely to reason with Millennials and are thus more willing to take up the management of Millennials. There is a belief among Generation X that Millennials are searching for identity; and are referred to by one respondent as “undisciplined puppies”. There is a concern expressed by Operations Managers that the coping skills of newly qualified nursing staff requires attention.

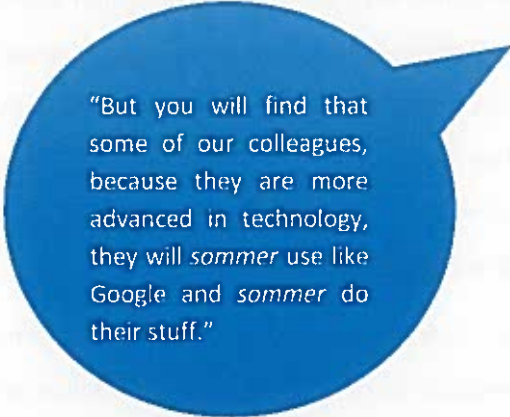
There is an opinion that Millennials function in a way that they see fit and they should not be criticised for this because it is anticipated that they will do better because they have the advantage of technology, but they have a long career ahead of them and need to adapt. They appear to be frustrated and are more vocal than Generation X. They make remarks such as “this is a stupid idea.”



“That is a stupid idea!” [Millennial]

5.3.6. Gaps in the current system of internal stakeholder communication to address styles, preferences and needs of the various generations of nurses working at GSH

- A dichotomy has emerged in terms of use of technology, as expressed by all generations. Management makes use of email communication, WhatsApp™, SMS and other applications to communicate with staff to the level of Operational Management. From Operational Management downwards internal stakeholder communication is largely verbal. Younger nurses are thus often overlooked in terms of hospital activities that may not necessarily be related to daily



“But you will find that some of our colleagues, because they are more advanced in technology, they will *sommer* use like Google and *sommer* do their stuff.”

operational matters. On the other hand, Millennial nurses have grown up with technology, are accustomed to receiving information, and want more.

- Because the communication book is seen to be ineffective, feedback from senior management is a major concern for all generations. A Millennial expressed the concern that information that is provided where feedback is imperative is not forthcoming and one wonders, “What happened?”

- Baby Boomers and Millennials noted a gap between nursing management and staff that work in wards because younger nurses are not afforded the opportunity to gain exposure to management activities and events and their thoughts and ideas are often not heard.

5.3.7. Culture and structure of the organisation and how it shapes internal stakeholder communication within Nursing at GSH

Although the Silent Generation is no longer present at the hospital, there is an indication that it dictated the culture of Nursing. Nursing Management, being Head of Nursing, Deputy Managers and Assistant Managers, believe though that the standard that developed from the nursing profession is no longer upheld, resulting in lack of professionalism. They believe that Millennials should be aware of certain older methods of communication that may still be relevant.

Operational Managers are largely Baby Boomers that have moved up in the ranks over the years. They

are clinically trained, but do not necessarily have the required administrative skills. There are some younger Operational Managers that have filled the positions of those that have retired that believe that there are some standards “from the old days” that are good, but a

“There is some good from the old days.”

team relationship is more effective than the autocratic style of previous generations.

It is evident that communication efficiency is growing among all generations and shifts where nurses work in multidisciplinary teams. Such teams are represented by all disciplines in healthcare, including support services such as cleaning, catering and portering, as well as Allied Health Services such as physiotherapy. In cases where younger Operational Managers are filling

“The old school has left the building and there may be change.”

the shoes of retiring managers, innovation such as “huddles” are created. They are multidisciplinary teams, and in such areas, communication takes place more effectively because there is teamwork. In such an environment, it is possible to draw Millennials out by engaging with technology and asking relevant questions. On the other hand,

communication across disciplines of healthcare may be compromised by the fact that the various departments tend to work in silos, meaning that they do not share information.

One Baby Boomer manager raised the issue of leadership as an area of risk. More concerning is the fact that nursing does not appear to have a culture of nurturing leadership. Baby Boomers raise the issue of management skill as a challenge and allude to the difference between being a manager and a leader.


It appears rather as if leadership develops naturally when like-minded managers work together as a team and younger Operational Managers display such leadership by creating team-working relationships within a ward. Another manager is of the opinion that leadership may be nurtured by managers by developing nurses that show talent, rather than choosing high-ranking nurses that may get the job done.



"Florence is dead – this is new"

There is strong evidence that changes in nursing education has shifted the culture within Nursing and it is thought that, along with this change, the level of respect for older nurses has diminished. It is contended that nurses had experience that is more practical previously and nursing education has become more theoretical than practical. There was a hierarchy within nursing development, where third-year students would train second-year students, which Baby Boomers refer to as an apprenticeship. Today nurses are allocated to hospitals by Higher Education Institutions (HEIs) and newly qualified nurses are not previously exposed to the culture of the hospital, as was the case with student nurses in the past.

There is some uncertainty among managers regarding the issue of organisational change. Generation X has a more positive attitude towards organisational change than older nurses do, which appears to be equated to the use of technology. One respondent noted that change would come from Millennials because they have the right tools.



"Change happens slowly and people just seem to float along and things get done in a wishy-washy way"

5.3.8. Contribution and value of improved internal stakeholder communication to the reputation of the hospital

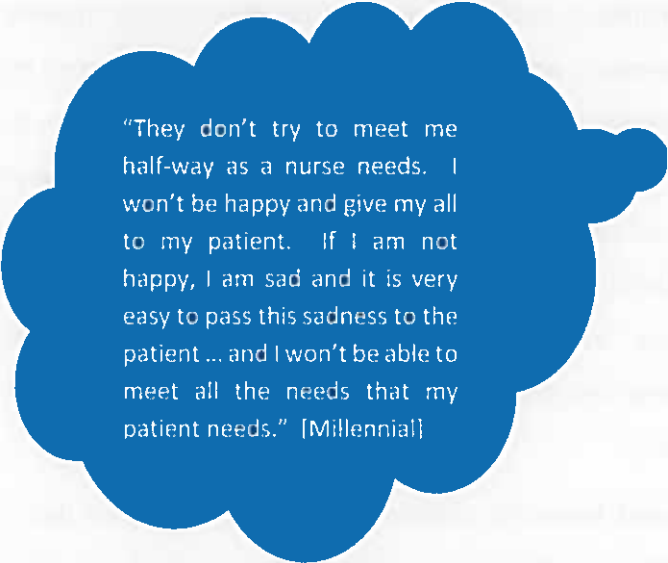
Management views the issue of organisational reputation through the lens of Quality Assurance, stating that improved communication would reduce the number of patient

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

complaints. The process of managing patient complaints and compliments appears to be the function of Operational Managers and it is the position of senior management that this role of managing compliments and complaints results in well-informed patients that are more satisfied with the service and an improved reputation of the organisation. Nurses thus require more authority across all disciplines of patient care and require more opportunities to liaise with clinicians to be better informed to communicate with patients and families in an understandable and caring manner. In addition, improved internal stakeholder communication across all disciplines and teams would improve nursing skills, which is referred to as reflective practice.

Agency staff has been excluded from this research, as they do not form part of the organisation. Making use of agency staff has been noted by all generations as a serious risk to the reputation of the hospital. Such nurses are procured by the hospital when there is a need to supplement staff. Nursing staff view them to be largely incompetent, that they do not understand the culture and structure of GSH and have no interest in patients. Millennials voiced concern that this incompetency and lack of interest or understanding of the hospital process may lead to adverse incidents that could reflect badly on the hospital. Baby Boomers concur, stating that such incidents are due to lack of training of agency staff and a risk strategy and protocol is proposed.

Nursing managers play an administrative and leadership role within the Department of Nursing. Operations Managers also play an administrative role, but are involved with the day-to-day clinical duties of the wards that they are responsible for, and, therefore, may be seen as the conduit between management and ward staff. Although younger generations are being promoted into higher positions, both management and operational management comprise largely of Baby Boomers. One interviewee was a Millennial Operational Manager, which appears to be an anomaly.



“They don’t try to meet me half-way as a nurse needs. I won’t be happy and give my all to my patient. If I am not happy, I am sad and it is very easy to pass this sadness to the patient ... and I won’t be able to meet all the needs that my patient needs.” [Millennial]

Managers are of the opinion that nursing is the face of the hospital; however, there is evidence that while pride in the organisation may boost motivation, there are nurses that come to work only to earn a salary. The perception that the culture and the structure of the hospital is able to accommodate all generations of nurses arose from Operational

Management; however, although social change in South Africa has created new opportunities for nurses to improve their career paths, not all nurses are proud to be associated with a hospital with such an illustrious reputation. They appear to reflect the view of younger nurses that are less concerned with the culture and reputation of the hospital. Generation X echoes the view of Operation Managers and add that, although stakeholders come from differing backgrounds, nurses should all be “on the same page” and build a close-knit working relationship to enhance performance and ultimately patient care. There is an indication that younger nursing staff require support to assist them with coping in a stressful environment. If Operations Managers have an ability to build relationships and provide support to younger nurses, as well as encourage nursing staff to participate in events that celebrate the reputation of the hospital, such as the anniversary of the first heart transplant and the eightieth anniversary celebrations, the perspective of nurses may change.

5.4 Responses to research questions

The conclusions below have been consolidated from both phases of the analysis to arrive at an answer to the overarching research question:

1. What is the current quality, structure and culture of internal stakeholder communication at Groote Schuur Hospital in the Western Cape?

Interview respondents indicate that the culture within the Directorate of Nursing is largely guided by perceptions that each of the three generations of nurses have of each other.

Baby Boomers prefer verbal and one-on-one communication. They also make use of a communication book to register information, events and mandates from senior management, as well as policy documentation. Computer literacy is an obstacle that affects the way that information is accessed. X-generation nurses, as said before, straddle the three generations and are comfortable with both verbal and electronic communication. Millennials enjoy team collaboration where they feel comfortable to express themselves and gain confidence among other generations of nursing. They do, however need support and reassurance and voice the need for accessing assistance. They feel that they are left out when it comes to opportunities because older staff would rather allocate duties to more experienced nurses because they know that they will “get the job done”. Baby Boomers tend to see Millennial nurses as less professional in terms of both dress code and behaviour, as well lacking in clinical expertise due to the way in which higher education has changed. On the other hand, Generation X and Millennials perceive Baby Boomers to be autocratic and rigid in the way that they communicate, and are observed to be issuing instructions rather than working together as colleagues.

However, the characteristics and needs of the three generations of nurses that are currently working at GSH do not necessarily affect the way in which internal stakeholder communication takes place. The challenge relates rather to the hierarchical structure of both nursing and the organisation as a whole, as asserted by all three generations of nurses. In addition, organisational culture is reported in the Barrett Survey in terms of common good on issues related to control and exploitation. Concerning transformation, findings indicate internal competition, manipulation, empire building, blame and self-interest. Further issues are highlighted, such as hierarchy, red tape, long hours, confusion, and information withholding and silo mentality. A number of these challenges also emerged during interviews, particularly with regard to hierarchy and silo-ism. The recommendations from the Barrett Survey include a need for cultural and structural transformation and leadership coaching. It is furthermore necessary to reduce the level of cultural entropy to improve performance.

Challenges regarding organisation culture and structure may result in issues of staff wellness. The 2016 ICAS Staff Wellness Report (Western Cape Government Health, 2013-2016) indicates that 38.19 % of nurses sought counselling related to work impact, being the highest of all staff. In addition, a presentation on absenteeism indicates that nursing represents the highest frequency of absenteeism at 1 089 from 2 458 (GSH, 2013).

Recommendations state “success is dependent on leadership and management

engagement and buy-in. It is important that managers understand the importance of employee wellness to improve productivity of teams, maintaining team morale and mitigating behavioural risk to the organisation.”

Document analysis and interviews identified gaps that affect how internal stakeholder communication takes place and influence the perceptions of each of the generations of nurses.

- Management is concerned with leadership development at high level; however, there is an inability to disseminate the vision and strategy of the organisation to lower levels of staff. Furthermore, management is not comfortable in dealing with conflict. Dissonance that was reported appears to be due to lack of understanding between management communication and how such efforts unfold into the day-to-day operational activities of nursing staff of all generations and categories. This matter had been raised previously by a study undertaken by the London School of Business MBA students (Okhlopkov et al., 2012) and it appears that the recommendations from the study have not been taken into account.
- There is no standard for internal stakeholder communication, which means that each department communicates differently, depending on management style and skill. This results in certain departments working in what is referred to as silos. Sharing of information and best practice therefore does not take place, resulting in a lack of collaboration. Furthermore, there is a particular need for standardisation of dissemination and access to policy, standard operation procedures and government circulars that relate directly day-to-day activities that take place in the clinical environment.
- Both the document analysis and interviews revealed that lack of feedback is a major issue, raised by all generations and categories of nurses. While management has recognised the need to engage with Millennials, communication and consultation is not effective. Managers appear to be unwilling to act on or provide feedback on ideas and suggestions by staff and communication does not take place timeously. An issue of concern is feedback on issues of risk. An example was provided by a Millennial Registered Nurse that reported a matter relating to medication, for which an example was provided, but the resolution from the relevant meeting was not provided, and the nurse is left wondering, “What happened?” The issue of risk, according to her knowledge, was not addressed.

- There is a disparity regarding channels and tools available to senior managers and nursing staff that work in clinical areas within the hospital, as described in the findings. There are varying degrees of expertise related to electronic communication. Baby Boomers are largely self-taught and are not as confident with this medium of internal stakeholder communication as they should be. In fact, there is a perception that some are afraid of electronic communication.

2. What are the perceived communication challenges in the context of internal stakeholder communication management with respect to nurses?

The flow of internal stakeholder communication may very well be hindered by the leadership ability of middle management, being the Operational Managers. Operational Managers may be described as the conduit between senior management and frontline nurses. They play both an administrative and a clinical role, thus their ability to interpret and disseminate both strategic and operational communication is of the utmost importance. Messages flow effectively from management level. However, Operational Manager needs to be capacitated to interpret and disseminate strategic and operational messages effectively to ensure that messages flow upward effectively and are acted upon. The matter is exacerbated by the fact that Operational Managers, being largely Baby Boomers, have varying computer skills and are not comfortable in an electronic environment.

There are, however, pockets of excellence where nursing staff functions and meets regularly as a team and it appears that teamwork is an ideal means for nurses for all generations to share experiences and ideas regardless of age, the level of skill and knowledge, as well as cultural background, to communicate and reach understanding. It is also a nurturing environment to develop younger nurses to participate and to reach their full potential.

3. Which generations of nurses are currently employed as internal stakeholders at Groote Schuur Hospital; what are their unique preferred communication styles, preferences and needs?

Interviewees affirm that there are at least three generations of nurses working together with differing needs and styles of communication. Baby Boomers have taken over from the Silent Generation and are finding their feet in a changing and ever-challenging environment within healthcare, where building relationships is preferable to issuing

instructions. Generation X, on the other hand, grew up in a time of change and has been able to adapt to both social and organisational changes that have taken place in South Africa. This generation appears to straddle the generations preceding and following them. They are, however, described as being less sensitive to the needs of various categories and generations of nurses and do not respond well to what they perceive as micromanagement. On the other hand, the Millennials are arriving in large numbers with expectations of a supportive and enabling work setting to explore their identity within a vast organisation and build their careers. Millennial nurses have the perception that nurse managers provide opportunities for older, more experienced nurses to “get the job done” and feel left out. Baby Boomers, on the other hand, see younger generations as less professional and skilled and are loath to delegate responsibility to them.

4. How could more effective internal stakeholder communication between these various generations at Groote Schuur Hospital contribute to improved communication management and branding of the organisation?

All three generations and levels of management interviewed agreed that improved internal stakeholder communication would improve the reputation and brand of GSH. Apart from the doctor that does daily ward rounds, patients rely on nurses for their wellbeing and the way that they are treated is likely to mould the image of the hospital.

However, nurses are bound by the means available to them to communicate effectively with their colleagues and patients. GSH provides specialised care within the Western Cape Metro and therefore, by nature of their profession, nurses are at the forefront of risk at the hospital. Excellent communication is thus required to take care of the vulnerable community that it serves. Moreover, in light of the fact that nursing appears to be experiencing high levels of stress, according to the Barret Survey (Barrett Values Centre, 2013-2015), there is an urgent need to address internal stakeholder communication gaps to provide a platform of engagement and trust.

Internal stakeholder communication is the thread for every bead of information that is conveyed both internally and to external stakeholders. GSH is however, governed by a hierarchical, closed system and the space for innovation is limited. For this reason, it is important that the available communication interface should be used as effectively as possible.

5.5 Conclusion

Having explored the theoretical perspective of public relations as it pertains to internal stakeholder communication, it may be concluded that both the practice of public relations and internal stakeholder communication take place within the organisational communication sphere of corporate communication. Strategic and stakeholder communication, on the other hand, take place within management communication. Communication at GSH takes place in a closed system environment and is highly structured, with a focus on management communication.

Generational theory and literature reflect the communication style and needs of each generation that emerged out of one-on-one interviews.

Both textual document analysis and one-on-one interviews indicate that management is concerned with management and strategic communication. Internal stakeholder communication therefore tends to take place in a one-way approach that does not provide an opportunity for feedback and acting on innovative ideas that arrive from frontline workers. Responses by all generations of nurses indicate that there is a lack of feedback from management. Messages therefore do not flow efficiently down to frontline staff, and nurses require feedback from messages that are taken forward in an upward direction. Communication blockages relate to decision-making and policy dissemination. Management discussions at meetings relate to the need to provide relevant information, downward communication and exploring vehicles of communication, e.g. email. However, communication reiterates the GPS message and thus relates largely to strategic communication.

The culture and structure of the organisation is hierarchical and bound by red tape. In addition, the organisational culture is hampered by issues that relate to internal competition, manipulation, empire building, blame, self-interest that results in a silo mentality, withholding of information, and confusion. This environment does not provide for a flexible means of internal stakeholder communication that would accommodate the needs of all generations of nurses.

Leadership development has been central to the implementation of GPS at GSH; however, surveys indicate that employees are concerned whether management has the capacity to gain buy-in to key messages. It is also noted that management is not comfortable with disseminating the strategic direction of the organisation and dealing with conflict.

Both one-on-one interviews and previous studies indicate that employees are largely proud of the organisation that they work for, but their opinion of the organisation itself is less than adequate. This finding is interpreted as employees being proud of the brand of GSH, but they are not satisfied with the environment in which they find themselves. All generations of nurses agreed that improved internal stakeholder communication would improve the reputation of the hospital.

There is an area of excellence, where teamwork takes place and relationships are built across disciplines and categories of staff. Team functioning is a driver of commitment and staff retention. Millennials in particular enjoy teamwork because it provides a safe environment to express themselves and receive mentoring. Millennial nurses often feel left out because more experienced nurses are given tasks “to get the job done”. They also express a need for an environment where they can seek support be regarded as effective.

The practice of public relations appears to be a grey area as far as internal stakeholder communication is concerned, since there is no mention of a communication policy that has researched the target audience, being both internal and external stakeholders. This becomes obvious when it is understood that the public relations plan for GSH does not reflect the objectives of the hospital, but rather those of WCGH.

Conclusions and recommendations

"The nurse is a leader in coping and suffering. You lead the person out of suffering psychospiritual crisis toward wholeness. You don't have to "fix it" it right now or "do something". You just need to be there, actively listen to the person's concerns, and in the process of this, you validate the importance of this person to you, to his family and friends ..."

(Dult-Batthey, 2004, p. 28)

6.1 Introduction

This chapter reconciles the initial aim and objectives of the research with the research questions formulated in Chapter 1, and the eventual analysis and findings. A reconciliation of the findings of the textual document analysis and responses by the various generations of nurses to the semi-structured interviews will be attempted. In this manner, it will be seen how the literature review, the analysis of the text documents on the state of communication within the organisation, and the opinions of the nurses of all generations working at GSH will be fused to highlight the particular focus areas that need attention, or need to be challenged, in the organisation. The entire study process has been briefly summarised and recommendations for future research have been provided in the conclusion.

6.2. Summary of the research process

Various surveys conducted by GSH and the WCGH indicate poor staff attitude, patient dissatisfaction and high levels of stress, particularly among nurses. In addition, challenges emanating from the #FeesMustFall uprising affected both GSH and UCT FHS, resulting in management discussions regarding "dealing with the Millennials". Effective internal stakeholder communication between management and nursing would be crucial to the image and brand of the hospital and the reputation of health services rendered by WCGH. The reality of a multi-generational nursing staff working side by side at the coalface of providing healthcare in the Western Cape was therefore an intriguing topic for exploration. Having identified a researchable topic, the title of the research was confirmed and the aims and objectives were developed, resulting in research questions to guide the study.

The most important step that guided the research design was undoubtedly the literature review. It was possible to gain direction from scholarly literature regarding the most effective way to conduct the study. In addition, having gained an understanding of

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theoretical stances and previous research that has been done regarding the key concepts; it was possible to conduct the research with a sense of confidence. The matter of generational communication was also supported by contemporary literature on the subject.

Since the research was largely conceptualised out of studies that had already taken place, the first section of the research was undertaken in the form of a textual document analysis to understand previous findings; and whether any progress had been made in addressing conclusions from the said studies. The themes that arose were summarised with a brief explanation is set out in table in 5.2.

The second section of the research was to undertake qualitative, semi-structured, one-on-one interviews with nurses comprising generations that are present at the hospital, including the various categories of staff, as provided in 3.6.3.5. The interview agenda was structured to direct the research questions. Formal consent was gained from each interviewee and interviews were recorded electronically for transcription. Each interview was personally transcribed as a first stage of gaining insight into the worldview of nurses of all generations. Each interview was then numbered to ensure anonymity and to ensure objectivity while undertaking analysis. The transcriptions were then consequently transferred into an Excel™ spreadsheet in order to separate the text data into codes and themes. Responses were coded according to key concepts from the research questions. A second phase of the analysis was to sort the coded data into emerging themes. Thereafter the data was collated according to the themes by using a pivot table. Examples are attached in in Annexures 5 – 7.

6.3. Summary of the conclusions

The literature review, textual document analysis and one-on-one interviews with nurses of all generations at GSH provided the following conclusions.

- There is a lack of understanding between management and employees. Management is concerned with strategic communication, rather than creating a standard for internal stakeholder communication that should take place.
- Although there is an acceptance that there is a need to communicate with staff, there is a tendency towards one-way communication that lacks feedback from management, which is of particular concern for all generations.
- There is a gap in terms of communication tools available to management and employees that work at the frontline. Operational Management is the lowest level of nursing management that has access to personal computers and email

communication. They therefore need to structure feedback to nursing staff of all generations, either verbally, or by recording information in the communication book, or by providing supporting documentation. In addition, not all Baby Boomer Operational Managers are as computer literate as Generation X and Millennials, which creates a further challenge.

- Baby Boomers were clinically trained and, as they have taken up management positions, have taken on administrative duties, and it is possible that they do not have sufficient leadership experience to communicate with nurses of all generations with differing needs and styles.
- One area of excellence was noted by all generations of nurses. Communication is effective within multigenerational and multidisciplinary teams. In this way, opportunities are provided for Millennials to be nurtured and encouraged to participate in the team. It is also a good teaching environment for Baby Boomers and Generation X to impart knowledge and experience.

Providing equitable access and quality healthcare to the public within the Western Cape is a primary objective of the WCGH and communication always needs to take place in an ethical and professional manner.

Improved internal stakeholder communication would provide an opportunity for nurses of all generations and categories to participate in a coordinated manner, rather than fragmented messages that arise from various management activities. Most importantly, all generations of nurses are of the opinion that improved internal stakeholder communication would ultimately improve the reputation of healthcare at GSH.

6.4. Recommendations

6.4.1. The domain of public relations related to internal stakeholder communication

Literature infers that public relations forms part of organisational communication. However, it is not seen as an academic area of study that is unique to the field of communication studies. Therefore, the role of public relations within organisations is not clear. In fact, most research focuses on organisational communication and management theory. While it is posited by Welch (2012, p. 246) that internal stakeholder communication underpins organisational effectiveness by improving internal relationships between management and employees when it is designed to promote commitment and a sense of belonging within the organisation, it appears that this role of public relations requires some consideration. There

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is unfortunately a gap in scholarship related to internal communication, resulting in uncertainty regarding where, within corporate public relations, the matter needs to be addressed (Meintjes & Steyn, 2006, p. 156; Verčič et al., 2012, pp. 223-224).

The ability of organisations to create and maintain relationships to achieve desirable outcomes for the organisation is vital, and the inability to create an adaptive and flexible environment for nurses of all generations would manifest in barriers to external relationships that would affect the patients that depend on their care (Cardwell, L. A.; Williams, S.; Pyle, A., 2017). It is thus of importance for an organisation such as GSH to clearly understand both the management and public relations role related to internal stakeholder communication to ensure a productive environment where patients will thrive.

Further to the confusion regarding the domain of public relations, as well as where internal stakeholder communication management fits into the big picture, literature revealed a thought-provoking distinction between the concepts of public relations and communication management. The reputation of the profession remains a major concern with serious implications as its image has been tarnished due to an association with government “spin” resulting in a trend among senior management to use the term “communication management” in Europe (White, L'Etang, Moss, 2009, p. 388). Further research in this regard with a view to repositioning public relations, particularly in government organisations, would thus be of benefit.

6.4.2. Internal stakeholder communication plan

GSH is a highly structured environment in which communication between management employees takes place. According to structuration theory (as described in 1.8.2) organisations form processes for actions and steps to be taken according to systems. Engagement takes place when members interact according these guiding structures, which may restrain or enable the communication of members. Thereby communicators develop a standardised system with duality, rather than a text-conversation language (McPhee et al., 2014, pp. 78-79).

It is therefore highly recommended that the hospital develop an internal stakeholder communication plan that is flexible enough to alleviate restraint that may occur within a structured environment. Such a plan would include scanning the context and environment; analysing stakeholders; clarifying the objectives; identifying the audience (which should consider generational differences); developing a communication strategy; considering

communication tactics and messages; identifying issues; and evaluating the value and success of the communication plan. There should also be a budget attached to the plan (Fleet, n.d.).

As guiding strategy to distinguish between management, strategic corporate and employee communication, a starting point would be to consider the dimensions of internal communication identified by Welch and Jackson (2007, p. 177), being internal corporate communication; line manager communication; peer/team communication; and project/peer communication.

If one then aligns these dimensions with the communication grid developed by Van Ruler (2004, pp. 128-129) it would be possible to ascertain how the receiver would derive meaning from management communication efforts. Van Ruler cautions, however, that communication, as a magic bullet, is not effective.

When considering communication tactics, teamwork within nursing should be borne in mind as an example of excellent communication among all generations and categories of nursing within a multidisciplinary team. In addition, the recommendations from a previous study undertaken at GSH need to be taken into account (Okhlopov et al., 2012):

6.4.2.1. Eliminate blockages: Improve communication flow

- Leveraging communication technology
- Locating bottlenecks
- Facilitating bottom-up communication

6.4.2.2. Tailoring channels to departmental needs: Improve effectiveness of communication

- Mapping communication methods to each employee segment
- Distinguish between routine and non-routine communication
- Distinguish between generic and targeted information
- Overcoming differences in languages
- Prioritizing importance of information

6.4.2.3. Pillars of communication

Weimann and Weimann (2017) further suggest the following pillars of communication that are essential when communicating with staff:

- Structure and sequence in a text
- Phrase concisely

- Phrase simply
- Stimulate reading using stylistic devices.

They also make further recommendations:

- Information that is put in writing should be brief and only if it is relevant and intended for the receiver.
- Anything personal or private should always be communicated in person.
- New strategies should be introduced to larger groups that include all hierarchical levels.

Welch and Jackson's communication matrix (0) and Van Ruler's communication grid (2.4.6) are useful models to guide the communication function of management and inform actions to remedy the gaps in internal communication identified.

6.4.3. Tools and skills

It would be important when analysing the stakeholders and developing messages, that each level of management has the correct tools and skills to communicate effectively with the internal stakeholders that they manage. One of the suggestions provided by a Millennial was to consider a central personal computer in each ward where nurses are able to access information, e.g. policy documentation, conduct research, or read newsletters and general communication that is of interest to them.

It should also be ensured that managers of all generations are skilled at using electronic communication, particularly email, and the internal stakeholder communication plan may thus require a component that ensures training.

6.4.4. Leadership development

From a leadership point of view, it is recommended that Nursing Operational Managers are mentored and capacitated to play the important role of conduit between senior management and frontline nurses in clinical areas.

6.4.5. Recommendations for future research

According to literature, internal stakeholder communication is an unexplored area of corporate communication and certainly requires further exploration. Key issues have emerged:

- The legitimacy of the role of public relations from the viewpoint of senior management.

- The lack of recognition of stakeholders as a concept (as described in 0.) The lack of definitions for the theory of stakeholders and therefore stakeholder communication indicates a gap within management communication.

Should the issues above not be addressed, internal stakeholder communication efforts may become fragmented and impinge on organisational sustainability.

It is thought that internal communication has progressed to a specialist domain in itself (Verčič et al., 2011). It appears however, that the domain of public relations and internal stakeholders is stunted by confusion among managers regarding management communication, strategic communication and stakeholder communication, being both internal and external. It is not clear whether employees are regarded as internal stakeholders. Internal stakeholder communication strengthens organisational effectiveness by improving internal relationships between management and employees when it is designed to promote commitment and a sense of belonging within the organisation.

The issue of generational differences among nurses is not a new phenomenon and, as the speed of technological improvement increases, issues related to style and preferences of internal stakeholder communication are not likely to dissipate in the near future. Therefore, the recognition of the internal stakeholder communication needs and preferences of skilled nursing staff should be addressed by a carefully crafted communication plan to ensure that the needs of management are met and that nurses of all generations at GSH have a voice. A standard, but flexible means of internal stakeholder communication would thus benefit not only nurses at GSH, but also the entire staff.

By alleviating silos and navigating the hierarchical nature of the organisation, it would be possible to meet the needs of nurses of all generations and staff categories, whether they are a Baby Boomer Assistant Director, or a Millennial Enrolled Nurse.

Remarkable medical advances have occurred at GSH (Mayosi, 2018, p. 23) and it is of utmost importance to continue to build the brand of GSH through the image that its nurses portray, ultimately upholding the reputation of healthcare within the WCGH.

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Annexure 1

Permissions and Approvals



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Office of the Research Ethics Committee	Faculty of Informatics and Design
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Ethics approval was granted to MS AMANDA LANCASTER, student number 211263044, on 20 May 2015 for research activities related to the MTech: Public Relations Management degree at the Faculty of Informatics and Design, Cape Peninsula University of Technology.

Title of dissertation/thesis:	Communication satisfaction within the health sector, Western Cape, South Africa
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Comments

Research activities are restricted to those detailed in the research proposal.

 Signed: Faculty Research Ethics Committee	10/6/2015 Date
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Western Cape
Government

Health



GROOTE SCHUUR HOSPITAL

Enquiries: Dr Bernadette Eick

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Ms. A. Lancaster
CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

E-mail: amanda.lancaster@westerncape.gov.za

Dear Ms. Lancaster,

RESEARCH PROJECT: Communication Satisfaction Within A Centre Hospital in the Western Cape

Your recent letter to the hospital refers.

You are hereby granted retrospective approval to conduct the above research study.

Please note the following:

- a) Your research may not interfere with normal patient care.
- b) Hospital staff may not be asked to assist with the research.
- c) No additional costs to the hospital should be incurred i.e. Lab, consumables or stationary. If access to TRACK Care/NHLS is required, kindly attach our letter of approval to the application form.
- d) No patient folders may be removed from the premises or be inaccessible.
- e) Please provide the research assistant/field worker with a copy of this letter as verification of approval.
- f) Confidentiality must always be maintained.
- g) Should you at any time require photographs of your subjects, please obtain the necessary indemnity forms from our Public Relations Office (E45 OMB or ext. 2187/2188).
- h) Should you require additional research time beyond the stipulated expiry date, please apply for an extension.
- i) Please discuss the study with the HOD before commencing.
- j) Please introduce yourself to the person in charge of an area before commencing.
- k) On completion of your research, please forward any recommendations/findings that can be beneficial to use to take further action that may inform redevelopment of future policy / review guidelines.
- l) Kindly submit a copy of the publication or report to this office on completion of the research.
- m) At no time should any posters encouraging patients to partake in research, be displayed within a clinical area.

I would like to wish you every success with the project.

Yours sincerely

DR BERNADETTE EICK
CHIEF OPERATIONAL OFFICER

Date: 1 October 2019

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Annexure 2

Ethical Principles

The National Health Research Ethics Council sets specific guiding principles for ethical research within health (Republic of South Africa, 2015, p. 14).

1. Beneficence and non-maleficence

Beneficence prohibits deliberate infliction of harm on persons and research that involves human participants should seek to improve the human condition. Researchers thus have an ethical obligation to maximise benefit and minimise harm. Risk of harm posed by the research should be reasonable in light of anticipated benefits.

2. Distributive justice (equality)

There should be a fair balance of risks and benefits amongst all role-players involved in research, including participants, participating communities and the broader South African society. No segment of the population should be unduly burdened by the harms of research or denied the benefits of knowledge derived from it. There should be a likelihood that participants will benefit from the research results, if not immediately, then in the near future.

3. Respect for persons (dignity and autonomy)

Persons capable of deliberation about their choices must be treated with respect and permitted to exercise self-determination. Those who lack capacity for deliberation about their choices must be protected against harm from irresponsible choices. Dignity, well-being and safety interests of all research participants is of primary concern in research that involves human participants.

4. Ethical norms

The NHREC also set out key norms and standards to protect the interests of participants in a variety of research contexts and to promote development of high-quality knowledge that may benefit future generations (Republic of South Africa, 2015, p. 15).

- Relevance and value
- Scientific integrity
- Role-player engagement
- Fair selection of participants
- Fair balance of risks and benefits

- Informed consent
- Ongoing respect for participants, including privacy and confidentiality
- Researcher competence and expertise.

The study is relevant to the needs of South African citizens as improved internal stakeholder communication would result in the needs of millennial nursing staff being met and overall effective communication within the organisation. The research design and methodology has been carefully planned to maintain integrity in developing data that is valid and outcomes that address the research objectives. Key role-players have been consulted, viz. the CEO, Head of Nursing, as well as the COO of GSH and relevant approval has been gained, both from GSH and CPUT.

5. Risks Identified

- Time constraints. Nurses work in shifts, thus it was important not to hinder day to day patient care and work activities.
- Availability of participants. Nursing staff have limited free time and it was necessary not to inconvenience participants that need rest and sustenance (meal breaks).
- Relationship. The role of the researcher involves cultivating “others” and supporting them as they engage with the research. In many organisational settings this may be politically dangerous, or be personally threatening in terms of threatening existing relations and hierarchies, and empathy for both the broader context and various individuals’ strengths and weaknesses was applied by acting accordingly (Kayrooz & Trevitt, 2005, p. 314). It was important to build a relationship with participants to ensure that they understand the objectives of the research and how their input would benefit not only myself, the researcher, but the organisation as a whole.
- Generational issues. Particular care was taken to ensure that participants understood why they had been selected according to their age, so as not to create offence. Voluntary participation was emphasised.

Ongoing consultation has taken place with the Head of Nursing at GSH to identify possible risk, and support was gained to carefully select participants that are relevant to the study. It is hoped that the benefit of the research is likely to outweigh such risk and therefore care was taken to select participants from all categories of nursing staff according to generational requirements. Each interviewee was personally consulted to provide the basis from which the research would take place by explaining the problem statement and objectives of the research.

Participation was voluntary and informed choices were established by informed consent before the research process took place. Voluntariness, anonymity and confidentiality was reaffirmed throughout the interview processes. In terms of the personal Information Act 4 of 2013, which is partially in effect, the need to ensure computer safety, locked record storage facilities and careful gate keeping about access to raw data, including completed informed consent documents (Republic of South Africa, 2015, p. 17), has increased. An explanation was provided as to how research data would be protected by passwords and a lockable filing system purchased specifically for the research and kept at my home rather than the office. Contact details were provided to reassure and advise participants at any given time.

Guidance and mentoring took place with the research supervisor throughout this research and thus the research took place with confidence by ensuring the safety and well-being of the participants, as well as the integrity of the data.

Of utmost importance has been establishing a rapport with participants and engendering trust. In addition, participants have been assured of anonymity due to the relevance of the study and the importance of gaining in-depth information regarding the reality of their everyday experiences and how such experiences result in positive or negative working relationships.

Annexure 3

Research Plan

Introduction

In-depth literature review and a theoretical foundation has grounded the study and document analysis has provided a platform for exploration in terms of the current situation. Subsequently the title, aim and objectives have been refined and aligned to the research questions.

Title

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a central hospital in the Western Cape.

Aim of the research

To provide a voice for nursing of all generations at GSH, by exploring and explaining possible gaps between the current internal stakeholder communication system at GSH and the needs and preferences of nurses that emerge from the research, with a view to an inclusive and effective system of internal stakeholder communication system for GSH.

Theoretical foundation of the study

A review of theoretical frameworks and models of communication reveals that there have been a number of schools of thought related to the study of communication and public relations as such, and how it relates to internal stakeholder communication.

It is assumed that GSH operates within fixed boundaries as it is dependent on closed governance systems that make exchanging information within its environment challenging. One of the benefits of qualitative research is to study the context in which an organisation operates by exploring how its systems function, and it is hoped that this methodology would clarify the assumption. According to scholars, systems theory is a useful means of understanding complexity of organisations, how it communicates and engages with its stakeholders, as well as how communication flows and how messages are interpreted. In addition, generational theory is a tool that assists in creating understanding of behaviour within such a communication system and acts as a filter to improve information citizenship and make it more appealing.

This qualitative study is thus rooted in systems and generational theory to guide the aim of the research.

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

Statement of the Research Problem

Healthcare at GSH is complex and takes place within a structured environment. Added to the complexity of its healthcare service, a phenomenon has emerged in that there are currently at least three generations of nurses working side by side within the hospital. These generations of nurses are likely to have differing work ethics and communication styles that could lead to generational conflict in the workplace due to expectations that are based on what life was like when they grew up.

This scenario plays out against the backdrop of an ongoing shortage of skilled nursing staff and changes in levels of professionalism due to modification of the nursing education structure.

Added to these factors is the fact that document analysis reveals that employees are proud of working at GSH and they are loyal; however, opinion of the organisation is less than positive and communication with patients, as well as assurance and empathy, is consistently an area that requires improvement.

An overarching challenge relates to internal stakeholder communication that, according to a document analysis undertaken, is a major source of dissatisfaction for staff at GSH. There is an assumption that the environment in which GSH operates has fixed boundaries that do not provide for a more fluid communication system. Since nursing comprises the largest portion of the GSH staff establishment, there is a critical need to find a voice for nurses of all generations by exploring internal communication needs and preferences.

Population: Summary of Nursing Categories

Nursing Category	Number	Description
Senior Manager	1	Heads up the Department of Nursing at GSH
Deputy Managers	3	Deputy Managers report to the Head of Department.
Assistant Managers	10	Assistant Managers perform day-to-day operational functions, reporting to the Deputy Managers. As an extension of nursing management, they have been excluded from the study.
Operational Managers: General	30	Operations Managers are a link to the Deputy Managers and are qualified either for general or speciality nursing functions within specific wards within the hospital, e.g. Surgery, Orthopaedics, Medicine, etc. They are responsible for day to day function of the wards.
Operational Managers: Speciality	51	
Professional Nurses: General	216	These are senior nurses that have a qualification either in general or speciality nursing and perform nursing functions, reporting to the relevant Operational Manager in their ward.
Professional Nurses: Speciality	388	
Staff Nurses	326	

Nursing Category	Number	Description
Nursing Assistants	422	These categories of staff provide a support function to registered nurses. They are likely to be the youngest category of staff at the hospital.

Research Sample

Nursing Category	Sample Category	Number
Senior Manager	Nursing Management	1
Deputy Managers		3
Operational Managers		2
Professional Nurses Staff Nurses Nursing Assistants	Silent Generation nurses, those that may have retired and returned to service at GSH (it is not certain whether there are Silent Generations at GSH).	2
	Baby boomer nurses that are planning for retirement.	2
	Generation X nurses that are moving into leadership positions.	2
	Millennial or generation Y nurses at GSH.	2

Research Sample: Summary of generations

Generation	Born between
Traditionalists or Silent Generation	1931 – 1942
Baby Boomers	1942 – 1964
X-generation	1964 – 1981
Y-Generation or millennials	1981 – 2000
Afrillennials	1993 - 1998

Brief introduction to Interviewees

Thank you very much for agreeing to this interview. It will help me in my Master's dissertation.

Is there anything from the covering letter that you want me to confirm or clarify before we sign off the consent form?

Basically, I want to find out what generations of nursing staff work together at GSH and whether their preferred styles of communication can be accommodated according to their needs and preferences, so that everyone works more effectively together, ultimately improving the patient experience at the hospital.

I want you to know that every answer you give me is seen as valuable. In addition, your name will not be mentioned in my findings, so I hope you will be comfortable to chat to me. The questions are only a guideline and you may elaborate where you feel necessary. Please also feel free to ask questions of your own at any time if there is something that I say that you do not understand.

Research Objectives Aligned with Research Questions

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

These one-on-one, open-ended questions are aimed at guiding the primary research question: “Why is internal stakeholder communication with nursing staff at Groote Schuur Hospital in the Western Cape perceived to be ineffective; and can generational challenges be identified and addressed as an important factor to enhance overall internal stakeholder communication to the satisfaction of nurses and other publics?”

Research Questions

Objectives	Research Questions	Interview question to nurse management	Interview question to nursing staff at ward level
1. Identify the various generations of nursing staff currently working at GSH.	What generations of nursing are currently working at GSH?	If you look at the summary of generational ages, which generations would you say are present within the nursing establishment at GSH? Which generation would you say that you represent?	If you look at the summary of generational ages, which generation would you say that you represent?
2. Explore the current system of internal stakeholder communication at GSH from the point of view of management, as well as the various generations of nurses working at GSH.		This is a general question: I will be more specific with the next questions. How would you describe the general system of internal stakeholder communication within GSH? Do you think that the current way that GSH communicates with its staff of various generations is adequate? In your opinion, is there anything that you think would enhance communication with your multigenerational staff members?	This is a general question: I will be more specific with the next questions. Internal stakeholder communication is how the employees and managers communicate with each other. Do you think that the way nurses of different generations communicate with you is okay?
a. Gain an understanding of whether internal stakeholder communication messages are relevant to the targeted audiences.	How are internal stakeholder communication messages developed for relevant audiences?	How do you decide what messages to share with your staff? How do you develop messages to convey instructions or ask for input from your staff? How do you communicate the GPS messages and the changed vision of the hospital?	Do you think that your manager shares information that is important to you personally and your job? Or, do you think he/she decides what you need to know? Is the information that you received understandable to you, or does your manager need to explain it to you, for example, if there is a new policy that

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Objectives	Research Questions	Interview question to nurse management	Interview question to nursing staff at ward level
<p>b. Identify the current channels of internal stakeholder communication at GSH.</p>	<p>What are the current channels of internal stakeholder communication at GSH?</p>	<p>What are the tools, or channels, of communication available to you to for communication with your staff, e.g. email, meetings, newsletters, etc.</p> <p>How does your staff communicate with you?</p>	<p>needs to be implemented, or an instruction that needs to be actioned.</p> <p>Do you, for instance, understand the information that has been going around regarding the GSH Performance System, what they call GPS?</p> <p>If so, how does this happen?</p>
<p>c. Determine whether internal stakeholder communication at GSH affects engagement with management and provides feedback from ideas and suggestions of the various generations of nurses.</p>	<p>How does the current system of internal stakeholder communication at GSH affect engagement between nurses of the various generations and their managers; and do managers listen to suggestions and ideas and provide feedback?</p>	<p>How does your staff communicate ideas and suggestions to you and how do you respond to them?</p> <p>Do you think that your staff is more motivated by your reaction to their input?</p> <p>If you consider the various generations of nurses, do you think</p>	<p>Do you think there is any way that communication between yourself and your manager can be improved? If so, what would you suggest?</p> <p>How do you receive communication from your manager, e.g. email, meetings, newsletters, etc.?</p> <p>Which of these tools do you find suits you best?</p> <p>I understand that not all nurses have a work station and most do not have a dedicated computer. Do you have access to a computer to receive email and, if not, could you explain how you receive information?</p>
			<p>Is there enough opportunity for you to give ideas or suggestions to improve the way you work, or the experience of patients?</p> <p>How would you normally talk to your manager about things like that?</p> <p>Do you think that your manager takes your ideas and suggestions seriously?</p>

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Objectives	Research Questions	Interview question to nurse management	Interview question to nursing staff at ward level
		that there is a way to improve feedback from staff?	Does your manager give you credit for innovative ideas and creativity? Do you think your manager gives him/herself credit for your ideas? If so, how does that make you feel?
3. Explore preferred styles, preferences and needs of communication among the various generations of nurses that work at GSH.	What are the preferred means of internal stakeholder communications among the various generations of nurses that work at GSH?	How would you describe your style of communication, both with senior management and your staff? How does your style of communication influence the way that you deal with the fact that the various generations among your nursing staff may have different styles and preferences of how they communicate with each other within teams and with management?	How would you describe your style of communicating with your colleagues and your manager? What are your thoughts and ideas on how communicating would suit your style of communication? How does the style of communication of other generations of nurses impact on your style and the way the ward functions? Are there ways in which communication takes place that irritates or confuses you? Which means of communication do you think works, and why?
4. Identify gaps in the current system of internal stakeholder communication to address the styles, preferences and needs of the various generations of nurses working at GSH.	What are the gaps in the current internal stakeholder communication that would address the styles, preferences and needs of the various generations of nurses working at GSH?	I hope to identify gaps in communication with employees. Do you think that there are methods that need to be included that would suit the different generations of nursing staff that reports to you?	How do you think your manager should communicate with everyone to suit each generation's style of communication? Is this different if you are communicating one-on-one, in your ward, or in a team with doctors, etc.?
5. Investigate how the culture and structure of the organisation shapes the internal stakeholder	How does the culture and structure of the organisation or the shape of the internal stakeholder communication	What are your thoughts on how the GSH culture and structure influences	Do you think that the way that management and staff interact with each other and patients has anything to

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

Objectives	Research Questions	Interview question to nurse management	Interview question to nursing staff at ward level
<p>communication system and influences the opinion that the various generations of nursing staff have of GSH as an organisation.</p>	<p>system at GSH influence the opinion that the various generations of nursing staff have of GSH as an organisation?</p>	<p>the opinion that nurses have of the organisation? Considering your ideas on this matter, and the fact that GSH operates in a structured way and is governed by WCGH, how would you make changes if you had the authority?</p>	<p>do with the opinion that nurses have of the hospital? Do you think that the way that the various departments from management down to your level structured has an effect on how nurses feel about the hospital and their work, and how the patient experiences his/her hospital stay? Do you have any concerns regarding this?</p>
<p>6. Examine whether the organisational culture and structure influences the manner in which nurses interact with patients at GSH.</p>	<p>How does the current culture and structure of the organisation influence the manner in which they interact with patients at GSH?</p>	<p>Do you think that the culture and structure of the organisation influences how nursing staff of various generations interact with patients at the hospital? If so, could you elaborate? What do you think the stumbling blocks are and what would you suggest to address blockages in communication?</p>	<p>Considering the various structures and the way the organisation interacts with its staff, does it have an effect on how the patients experience their stay at the hospital? Do you think that interaction with patients can be improved, and how?</p>
<p>7. Gain an understanding of how improved internal stakeholder communication with the various generations of nursing at GSH may contribute to the patient experience and brand and reputation of the hospital within the community that it serves.</p>	<p>How would more effective internal stakeholder communication with the various generations of nursing at GSH contribute to the patient experience, brand, and reputation of the hospital within the community that it serves?</p>	<p>It has been said that GSH has an international reputation for excellent healthcare and that staff is proud and loyal to the hospital. Do you think this is true for all generations of nursing staff? Should we find a way to improve internal stakeholder communication amongst your multigenerational nursing staff, do you think that the</p>	<p>It is said that staff are loyal and are proud of the hospital and that it has a good reputation. Do you think this is true of all the generations of nursing staff? Do you think that if the way that communication between management and all the generations of nursing staff were to improve, the reputation of the hospital would benefit?</p>

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Objectives	Research Questions	Interview question to nurse management	Interview question to nursing staff at ward level
		brand and reputation of the hospital would benefit? If so, what would those benefits be?	If so, what would the benefits be?

Annexure 4

Covering Letter to Participants

Amanda Lancaster
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Loxton Road
Milnerton 7441

Cell No. 081 267 7900
Email: lancasteramanda6@gmail.com

Student No. 211263044

Date

[Name]

[Department]

Internal communication effectiveness at a central hospital in the Western Cape: exploring communication preferences and needs of the various generations of nursing

Dear [Name]

I am a Masters student at Cape Peninsula University of Technology and my area of interest is how the various generations of nurses at Groote Schuur Hospital prefer to communicate.

With the support of Mr Aghmat Mohamed and Mrs Andrea Grobbelaar, you have been selected for an interview to help me understand how the various generations of nurses communicate and what their needs and preferences are, so that suggestions can be made for improvement.

I would like to assure you that I have received all the necessary approval to conduct one-on-one informal interviews across all the categories of nursing staff. They are not compulsory and you may decline for any reason. Also, they are confidential and your name will not be disclosed.

Interviews will be recorded, so that I can transcribe them verbatim to gain in-depth information and make the research more relevant. All hard copies of the transcripts will be filed in a lockable filing cabinet bought specially for this research. Electronic copies of the recordings and transcripts will be saved on my personal computer with passwords. You are welcome to have copies for your own records. Once the research is concluded, a report of my findings will be provided to hospital management and the Department of Nursing at Groote Schuur Hospital.

I trust that you are willing to make a significant contribution to both my research and improved communication at Groote Schuur Hospital, and I look forward to having a meaningful conversation with you. My contact details are provided above, should you have any questions.

Best regards

Amanda Lancaster

Internal stakeholder communication: Exploring communication preferences of various generations of nursing staff at a Central Hospital in the Western Cape.

Annexure 5 Informed Consent Form

I understand that this research study on internal stakeholder communication has been reviewed and approved by the Cape Peninsula University of Technology and Groote Schuur Hospital.

I have read and understand the explanation provided to me in the covering letter and I voluntarily agree to participate in this study.

I have been given a copy of this consent form.

Interviewee Signature _____ **Date:** _____

**Interviewee Name
Printed** _____

Researcher Signature _____ **Date:** _____

**Researcher Name
Printed** _____

For further information, please contact:

Researcher:	Miss Amanda Lancaster
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Annexure 6

Analysis of Management Meeting Minutes

Minutes of Meetings

Document	Item	Test	Thematic Concepts	Analysis
Minutes of Meeting Groote Schuur Hospital Executive Management Committee 10:00 to 13:00, Monday 10 January 2015	0.4. Mapping Journey towards True North 0.4.2. Steps to True North	<ol style="list-style-type: none"> 1. Set up a steering committee. To be agreed. Agreement regarding 2. What does good leadership look like in our environment? A cause and effect diagram to be developed. Consider inviting Ms Cherylene Cornelius to assist in this regard. 3. Agree to a deployment plan. 4. Develop communication strategy 5. Identify the need for external advisors. Steering Committee to decide. 6. Agree on specific projects to be managed by the teams. 7. Develop the elements of the GPS. Standard of Work 8. GEMBA visits by Steering Committee 	<p>Communication Strategy Good Leadership Environment</p>	<p>Analysis Highlights the need for good leadership and the development of a communication strategy towards achievement of strategic goals.</p>
Minutes of Meeting Groote Schuur Hospital Executive Management Committee Monday 20 January 2015	0.2. Mapping the journey towards True North 0.2.3. Discussion Points	<ul style="list-style-type: none"> • The mission statement would provide further definition GPS principles to be aligned to the Leadership and Innovation projects. Lean Leadership could serve this function. • Monitoring Change in Organisational Culture may be addressed by the PDSA problem solving cycle (Plan - Do - Study - Adjust) • Communicating the vision: compile a few key points. A concise message that gets communicated at all possible opportunities. A few bullet points under Innovation and Leadership and what it means to GSH. 	<p>Organisational culture Communicating Vision Message Leadership practices</p>	<p>Monitoring of organisational culture and communicating the vision through a concise message.</p>

Annexure 7

Analysis of Findings of Barret Survey Results

2013	Personal Values	Current Cultural Values	Desired Cultural Values	Entropy	Comment
Finance Fitness External stakeholder relations	Accountability Caring Commitment Competence	Accountability Caring Commitment Client orientation Information sharing Accessibility	Accountability Caring Commitment Competence Accessibility Information sharing Client orientation	Cost reduction Control Short-term focus Exploitation Caution Job security	This level of cultural entropy reflects significant issues requiring cultural and structural transformation and leadership coaching
	Common Good			Manipulation Internal competition Blame Empire building	It is important to reduce the level of cultural entropy to improve performance
Evolution	Transformation			Hierarchy Red tape Long hours Confusion Information withholding Silo mentality	
Trust/engagement Direction/communication Supportive environment	Self-interest				

2015	Personal Values	Current Cultural Values	Desired Cultural Values	Entropy	Comment
Finance	Accountability	Accountability Continuous improvement Teamwork Client orientation	Accountability Continuous improvement Client orientation	Cost reduction Controlling Caution Exploitation Short-term focus Job security	This level of cultural entropy reflects significant issues requiring cultural and structural transformation and leadership coaching
Fitness					
External stakeholder relations					
Evolution	Transformation			Internal competition Manipulation Blame Empire building	It is important to reduce the level of cultural entropy to improve performance
Trust/engagement	Self-interest			Hierarchy Red tape Long hours Confusion Power Information withholding Silo mentality	
Direction/communication					
Supportive environment					

Annexure 8

Analysis of Findings of London School of Business Study

			Resources Communication practices
Observations	<p>Communication practices are good, given resources. Management team paying attention to this aspect of corporate culture</p> <p>Most personnel have access to information related to professional duties, as well as general corporate events within GSH.</p> <p>Such channels of communication are effective</p> <p>Newsletter</p> <p>Notice boards</p> <p>One-on-one; group and departmental meetings</p> <p>Management endeavours to maintain an open-door policy.</p>		Access to information Channels of communication
Areas of improvement	<p>Managers make decisions regarding how information should be distributed or communicated to employees. A wide range of communication channels are applied however their effectiveness is not reaching its full potential because there is no clear policy aiming at finding the perfect match between a particular group of information recipients and a relevant communication channel.</p> <p>Significant portion of employees are struggling with an overload of unstructured information approaching them via email.</p>	Communication blockages	Communication blockages Decision-making Policy Information overload
Recommendations	<p>Eliminating blockages</p> <p>Tailoring channels to departmental needs</p>	<p>Leveraging communication technology</p> <p>Locating bottlenecks</p> <p>Facilitating bottom-up communication</p> <p>Mapping communication methods to each employee segment</p> <p>Distinguish between routine and non-routine communication</p>	Flow of communication Leveraging technology Bottom-up communication Mapping Routine/non-routine communication

Conclusion	<p>Filtering information</p> <p>Employees are well informed and consulted about changes in the organisation</p>	<p>Distinguish between generic and targeted information</p> <p>Overcoming differences in languages</p> <p>Prioritizing importance of information</p> <p>Feedback is crucial</p>	<p>Generic and targeted information</p> <p>Language differences</p> <p>Prioritization</p> <p>Informed</p> <p>Consulted</p> <p>Feedback</p> <p>sense of belonging</p>
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Annexure 9

Analysis of Findings of Staff Satisfaction Survey

Dimension	2011/12	2012/13	2015/16	Summary
Opinion of the organisation	<p>General opinion of the organisation less than positive. Highest: proud of the organisation; commitment to quality care; and a strong sense of loyalty</p> <p>Lowest: fostering a sense of belonging; feeling valued and cared for; play an important role in operations of the organisation; Recommendations:</p> <p>Employee perception that the organisation cares and support their emotional and social needs, their role will become and integrated part of their identity</p>	<p>Level of satisfaction with the general opinion of the organisation less than adequate. Highest: proud of the organisation; commitment to quality care; and a strong sense of loyalty towards the organisation</p> <p>Lowest: fostering a sense of belonging; feeling valued and cared for by the organisation; an important role to be played</p>	<p>Highest: responses from nursing. Responses regarding the opinion of the organisation are mixed. Increase in quality of care highest priority.</p> <p>Increased strong sense of loyalty to the organisation.</p> <p>Lowest: organisation values and cares for employees; organisation treats employees fairly.</p>	<p>Less than positive</p> <p>Largely proud of the organisation</p> <p>Commitment to quality care</p> <p>Strong sense of loyalty.</p>
Communication and Consultation	<p>Primary area of dissatisfaction in terms of the willingness of the organisation to act on and provide feedback on ideas and suggestions from employees.</p> <p>Issues</p> <p>Timeous feedback</p> <p>Inadequately informed regarding changes.</p> <p>Recommendations:</p> <p>Communication is a key driver for engagement and performance</p>	<p>Primary area of dissatisfaction is willingness of the organisation to act upon and provide feedback regarding ideas; only 25 % felt that their ideas were put into practice.</p> <p>Less than half felt that communication takes place timeously.</p>	<p>Primary area of dissatisfaction with communication in terms of organisation's willingness to act upon and provide feedback on ideas and suggestions received from employees.</p>	

Dimension	2011/12	2012/13	2015/16	Summary
<p>and contributes towards customer satisfaction. Employees need to contribute towards the advancement of the organisation and consultation with employees forming a key component for such an initiative. Communication of the results would shift perceptions of the organisations with regard to not being heard by the organisation. A clear plan should accompany how areas of concern will be addressed.</p> <p>Communication would shift.</p> <p>The most favourable result was with regard to line management respecting and valuing work contribution. Managers genuinely care about employee needs.</p> <p>Lowest: receiving recognition or praise for doing good work. Managers cannot resolve internal conflict effectively.</p> <p>Managing conflict may be a people management skills issue. May result in questioning the reliability, integrity and trustworthiness of managers. May negatively influence the performance of employees, but their discretionary effort</p>	<p>Levels of trust appear to be compromised.</p> <p>Neutral related to transparency.</p>	<p>Levels of trust appear to be compromised.</p> <p>Neutral related to transparency.</p>	<p>Not reported</p>	
<p>Leadership Style</p>	<p>Most favourable result was with regard to line management respecting and valuing work.</p> <p>Lowest: receiving recognition or praise for doing good work. Managers cannot resolve internal conflict.</p>	<p>Most favourable: line management respects and values work contribution; line manager genuinely cares about employee needs.</p> <p>Lowest: receiving recognition or praise for doing good work. Improvement in ability to resolve internal conflict.</p>		
<p>Trust</p>	<p>Levels of trust appear to be compromised.</p> <p>Neutral related to transparency.</p>	<p>Levels of trust appear to be compromised.</p> <p>Neutral related to transparency.</p>	<p>Not reported</p>	

Dimension	2011/12	2012/13	2015/16	Summary
Team functioning	<p>These perceptions may influence the amount of time employees spend trying not only to decode messages, but also to look for hidden messages. Suspicion regarding hidden agendas may result in "water cooler" conversations. Risk: rumours and dissension spreading among employees</p>	<p>These perceptions may influence the amount of time employees spend trying, not only to decode messages, but also looking for hidden messages. Suspicion regarding hidden agendas may result in "water cooler" conversations. Risk: rumours and dissension spreading among employees</p>		
	<p>Excellent relations with people employees work with. Colleagues are committed to doing quality work; unit/component functions well as a team; colleagues do more than expected; highest score for ability to consult with colleagues when faced with challenges. Drivers of commitment and retention. Clarity regarding what is to be accomplished at work and how their job contributes to the objectives of the organisation. Relates to support structures: With value and care may be positioned as is "the organisation providing inadequately". Recognition of employee contribution</p>	<p>Excellent relationships. Colleagues are committed to quality work. They do more than necessary. Consultation with colleagues regarding challenges.</p>	<p>Good relationships with colleagues. 84 % able to consult with their colleagues when faced with an unexpected or challenging situation. Lowest: different professions working well together. Drivers of Commitment and retention: Respondents are clear as to what they are supposed to accomplish at work and how their job contributes to the organisation's objectives.</p>	
Coping style	<p>Positive emotions relate to greater state of cooperation, improved problem solving and lowered levels of aggression.</p>	<p>Enablers: Positive emotions are a great state of cooperation, improved</p>		

Dimension	2011/12	2012/13	2015/16	Summary
Perceptions of Change	<p>Employees are provided with the opportunity to understand where they are at in terms of their coping style.</p> <p>Detractors: High levels of emotions compromised coping styles and higher levels of burnout, depression and anxiety. Frustration and anxiety need to be addressed.</p>	<p>problem-solving abilities and lowered levels of aggression. Employees are feeling hopeful, confident and enthusiastic. Ensure that employees are provided with an understanding of where they are in terms of their coping style.</p> <p>Detractors: Negative emotions lead to a likelihood of burnout, depression and anxiety.</p> <p>Towers Perrin study concluded that a top engagement driver globally was employees' belief that senior management had their best interests at heart. Only 32.6 % agreed. 42.9 % of respondents indicated confidence in line management's ability to manage change effectively.</p> <p>There is doubt about the change management abilities of leadership structures in the organisation.</p>	<p>Low agreement to employees' belief that senior management had their best interests at heart. Indicates doubt with regard to the change management abilities of leadership structures in the organisation.</p>	

Annexure 10

Analysis of GSH Communication Plan 2016/17

External Communication	Awareness campaigns	Diving campaign	Awareness related to spinal injury	Print media Community radio Facebook WCGH website
		Women's Health	Awareness related to breast cancer	Feature a patient in print media Facebook WCGH website
		Hand Hygiene	Awareness related to hand hygiene in hospitals	Facebook WCGH website
Internal Communication		Change management		Posters Town hall meetings Communique Notice boards Flyers
		Staff recognition	Long service awards	Event for staff Venue off-site Focus on 2 members of staff with 40 years of service Facebook WCGH website
		Innovation	Retirement function Innovation Hub and Projects at GSH	Events for staff that retire Highlight various innovations Print media and newsletters Facebook WCGH website
Reputation Management	Proactive media	Innovation	Innovation Hub and Projects at GSH One story per month	Print media Newsletters Facebook WCGH website
	Head: Nursing retirement	47 years of service		Print media

					Facebook WCGH website
	Long service awards		2 members of staff with 40 years' service		Print media Community radio Facebook WCGH website
Events	International Nurses' Day		Programme for day/night staff Focus on two nurses		Print media Facebook WCGH website
	LSA		Event off site Focus on two staff members with 40 years' service		Print media Community radio Facebook WCGH website
Brand management and stakeholder management and networking	Branding of areas within GSH				Mark areas as per the departmental CI.
Strategic objectives	Monthly meeting		One-on-one with CEO Meeting with potential sponsors		
	Maternity department		Stickers on all patient folders Raise awareness by attending meetings with staff		
	Staff and public at the hospital Focus on good health		Wellness days, focus on topics, e.g. hypertension		
	Wellness and WOW				

Annexure 11

Analysis of Findings of Employee Health and Wellness Programme

Groote Schuur Hospital: Employee Health and Wellness Programme: Annual Review April 2013 – March 2014; April 2014 – March 2015

Measure	2013 - 14		2014 - 15		2015-16	
	No.	%	No.	%	No.	%
Engagement	313	49	347	9.5	144	
Stress		9.9		16.51	48	14
Organisational Issues		5.4		4.55	20	5.8
Information and Resources		4.5		8.37	21	6.1
Summary	Highest within Clinical Nurses					
Recommendations/Interventions	Management could benefit from training on how to identify the troubled employee		Intervention Strategy What does success at GSH look like? What is required from employees and managers in order to achieve this? Map requirements against employee satisfaction survey results.		Success is dependent on leadership and managerial engagement and buy-in. It is important that managers understand the importance of employee wellness to improve the productivity of teams, maintaining team morale and mitigating behavioural risk to the organisation.	

Annexure 12

Analysis of Findings of GSH Client Satisfaction Survey

		2014/15	2015/16 Finding	2016/17
Assurance	Communication with the patient and follow up facilities are workable domains with regard to improvement	Communication with the patient and follow up facilities are workable domains with regard to improvement Static and acceptable. Encourage excellence to provide positive feedback to staff	Communication with the patient and follow-up facilities are workable domains with regard to improvement Static and acceptable. Encourage excellence to provide positive feedback to staff	No improvement Static and acceptable. Encourage excellence to provide positive feedback to staff
Empathy				

Annexure 13

One-on-One Interview Analysis: Snapshot of Codes and Themes

	A	B	C	D	E
	Interviewee response	Question Number	Coding	Theme	Findings
1	Exactly.	2	Channels of communication	Escalating issues	Certain nursing staff prefers to escalate issues directly to the Head of Nursing.
2	It's called channels of communication.	2	Channels of communication	Hierarchical structure	Communication takes place largely vertically within the set out structure of Nursing.
3	Most of my communications - it's very hierarchical, so it is myself, then you have the deputies and then you have the ADs and then you have the Operational Managers and then you have the people on the floor. So most of the communication will be to the deputies, or the ADs and they will then filter down. If it is staff that I am - for example, there has been a lot of focus for the last month on nursing uniforms - and I have been talking and talking and I am sure that you can see that there is a change in the image of nursing since Mr Mohamed came here because it is in your face. I will then send that directly to everyone, all the managers, but most of my emails will go to the deputies and the ADs.	2	Channels of communication	Hierarchical structure	Management communication is hierarchical. Nurse manager to Deputy Managers; to Assistant Deputy Managers; and then to Operations Managers, who in turn communicate with staff on the floor.
4	No, no, what I am saying is, if you for example now - Look, I report to Dr Patel directly, I don't report to Bernadette for example. So if I need to report anything about anything, it would be a miss of me to go to Bernadette. I go directly to Eshwara, and this is why I get a lot of stuff done because this is the way it should be done. If there is anything from Andrea, for example, Mrs Harris, to do with Maternity, something that must be sorted out now, why come running to me?	2	Channels of communication	Hierarchical structure	Nursing managers report according to the organisational structure.
5	Exactly.	2	Channels of communication	Horizontal communication	Issues that arise from other departments, e.g. Finance are addressed with a manager from Finance at the same level as the Operational Manager.
6	Yes, but that doesn't give him, as the manager, the opportunity to actually talk to me directly and say "I'm sorry, you need to come in, whatever you say is not - we are in the straits. If you really have a headache, we'll take two P. analgesics, be down, but can you try to be here by nine o'clock or something." So that's what I am saying. First thing -	2	Channels of communication	Telephone	Management insists telephonic communication nursing staff is unable to come on duty.
7	The one thing is, I think for this organisation you need to be very careful of an autocratic communication style. I don't believe it brings out the best in people. I don't believe that it is the right style for this hospital. I think there has been good innovation work done, but I think there is a risk at the moment, so one needs to be careful and you are going to lose a lot of good work that has been done, because ultimately the goal is to make sure that people feel comfortable to put forward ideas and put forward suggestions and to challenge, and why can they not challenge? They should be encouraged to challenge. They should be encouraged to ask questions. "Why do you want me to do this?" "Let me explain to you why. These are the structures why, this is the outcome." You need to encourage people to have that conversation, even although it is difficult for them as a manager, but the manager is not there to instruct, she's there to guide and facilitate.	5	Communication state	Autocratic style	Caution against an autocratic style of communication in order to retain staff and nurture innovation. Nursing staff should be allowed to challenge and ask questions.

Annexure 14

One-on-One Interview Analysis: Snapshot of Findings

A. Management Findings		Findings
Coding Channels of communication	Theme Escalating issues	Certain nursing staff prefers to escalate issues directly to the Head of Nursing.
	Hierarchical structure	Communication takes place largely vertically within the set out structure of Nursing. Management communication is hierarchical. Nurse manager to Deputy Managers; to Assistant Deputy Managers; and then to Operations Managers, who in turn communicate with staff on the floor.
	Horizontal communication	Nursing managers report according to the organizational structure. Issues that arise from other departments, e.g. Finance are addressed with a manager from Finance at the same level as the Operational Manager.
	Telephone	Management instills telephonic communication nursing staff is unable to come on duty.
	Autocratic style	Caution against an autocratic style of communication in order to retain staff and nurture innovation. Nursing staff should be allowed to challenge and ask questions.
	Communication gaps	Management communication flows downwards easily, but it gets stuck there. In addition interpretation of the message is problematic. In addition there is a cultural issue due to the fact that nurses do not communicate in their home language as they are not English first language users.
Communication style	Email	Managers struggle with too much communication; inappropriate use of language; and acronyms. Communication should be simple and understood.
	Hierarchical structure	Assistant Directors meet with Operational Managers on a Thursday to provide feedback from senior management meetings.
		Certain nursing staff prefers to escalate issues directly to the Head of Nursing. Channels of communication were more successful in the past because managers adhered to the nursing structure.
		Communication takes place in a hierarchical way, except in special circumstances. Some staff members communicate inappropriately by not following the channels of communication. Issues are resolved between the Assistant Director and the Deputy Director. If there is no resolution, the issue is escalated to the Head of Nursing.

