MPC MAJOR RESEARCH PAPER

Modelling Internal Communications at St. Michael's Hospital

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Abstract

      Healthcare communications is a niche area of the professional communication field that has been studied from a social identity perspective by several researchers. In this qualitative study, interviews and documents were collected to evaluate the relationship between internal communications and social identity at St. Michael's Hospital in Toronto, Ontario. Results showed a process of internal communications management that began with planning communications, moved through implementation and then involved measuring communications practices and planning for future changes. Throughout this process, the 'unique identity' of St. Michael's Hospital was used as an inspiration for communications planning, messaging and measurement in order to reinforce a valid identity for employees. Moving forward, the public affairs and communications department could further expand their staff training and measurement tools in order to further solidify their status as an adaptive communications system.

Acknowledgements

I am firstly indebted to the staff in the public affairs and communications department at St. Michael's Hospital for allowing me not only to intern with them but also interview them for this paper. I cannot thank them enough for their cooperation and their candid contributions to my research.

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Dedication

To my mom, Lorraine, whose encouragement brought me to Ryerson.
And to the rest of my family, who helped me finish the journey.

Table of Contents

List of Tables

List of Figures

List of Appendices

Introduction

Founded in 1892 by the Sisters of St. Joseph, St. Michael's Hospital is one of Toronto's oldest teaching hospitals. The hospital is located in the city's downtown core and is partly known for serving vulnerable populations in the inner city. These vulnerable groups can include homeless people, illegal drug users and those with mental illnesses. St. Michael's Hospital is also a leader in trauma care and has a landing pad where patients with critical injuries are airlifted for treatment. St. Michael's was established on a strong set of values including human dignity, excellence, compassion, social responsibility, community of service and pride of achievement (St. Michael's, 2012a). The hospital is known as 'the urban angel' because of an angel statue that was placed in the lobby upon its founding. The mission statement describes the hospital by saying, "At St. Michael's we recognize the value of every person and are guided by our commitment to excellence and leadership" (St. Michael's, 2012a, p. 4). It further describes, "The commitment to this mission from our staff, physicians, volunteers, community partners and friends inspires us to maintain a quality of presence and tradition of caring, the hallmarks of St. Michael's" (St. Michael's, 2012a, p. 4). Altogether, the history and values of St. Michael's make up an important part of the hospital's identity.

An equally important part of St. Michael's Hospital's identity is the 5,000 staff members that are needed to run this complex organization. These employees range from frontline caregivers to administrative employees who have understandably different job descriptions, education levels and varying wants and needs. However, their main commonality is that they all work for the same overarching organization. With so many

different subgroups in a hospital, fostering a cohesive group identity can be a major

challenge. However, scholars argue that this inclusion is critical to the overall success of

the organization (Findler, Wind & Mor Barak, 2007). In this way, organizational

communication becomes extremely important. As Hargie and Tourish outline,

"communication reflects the relationships between all organizational actors; it also

creates those relationships, and defines, shapes and explains them to ourselves and others,

with varied degrees of success" (2009, p. 5). Thus, internal communications is not only a

necessary component to ensure the overall success of an organization, but also an

important method of communicating identity to employees.

At St. Michael's Hospital, formulating key messages, deciding on

communications tactics and ensuring that important organizational information is

conveyed to the staff is a large undertaking. A small team of nine people in the public

affairs and communications department are tasked with much of this responsibility. To

communicate with the many internal publics at the hospital, the team uses several tactics

including electronic, print and face-to-face channels. The types of messages that are

communicated through these channels vary from logistical staff messages, to less critical

news of research and best practices happening within the hospital. Altogether, the team

works to disseminate information on a broad range of topics to a broad internal audience.

As a student in the Master of Professional Communication program at Ryerson

University, I completed a one hundred and fifty hour internship placement with the public

affairs and communications team at St. Michael's Hospital from January to March of

2012. As my interest in the field and in their work grew, I wanted to learn more about

their processes and how they contribute towards group identity at the organization. To do this, I asked the following overarching research questions, "How do the varying types of internal communications at St. Michael's Hospital relate to creating a cohesive group identity at the organization? How can their internal communications be described from a theoretical perspective?". The result of my curiosity is this research paper, which outlines how internal communications are planned and executed at St. Michael's Hospital along with a discussion of strengths, weaknesses and possibilities for future growth.

To explain my methodology and findings, I will first structure this paper by outlining my theoretical orientation and the supporting literature in the field. This theoretical orientation includes perspectives on intergroup dynamics, as well as internal communications. Next, I will describe my qualitative data collection and analysis techniques. From there, I will share my results and discuss how they relate to existing research in the internal communications and intergroup theory fields. Finally, I will conclude with suggestions for expanding this research.

I feel this research is significant on a number of levels including a personal level, organizational level and a field-specific level. Most of all, I hope this research is significant to St. Michael's Hospital itself and that my analysis can help define and possibly improve their strategies for internal communications. Secondly, this research will add to the existing literature on social identity formation in healthcare organizations and offer a starting point for further work in the field.

Theoretical Orientation

This paper is founded in the sociocultural tradition of qualitative communications research because I find it most personally aligns with my own ways of thinking. Overall, the sociocultural tradition deals with issues of group activities and how communication is connected to them (Craig & Muller, 2007). As Craig and Muller (2007) elaborate, this tradition discusses "concepts such as social structures, identities, norms, rituals and collective belief systems" (p. 365). Famous sociocultural perspectives include the work of George Herbert Mead, who developed symbolic interactionism to discuss issues of identity; Giddens' structuration theory on human agency is also grounded in this field (Craig & Muller, 2007). The sociocultural tradition is appropriate for my research because I am studying the communication that takes place in a complex workplace culture made up of many relationships and stakeholders. The interplay between communication and group identity is a hallmark of the sociocultural tradition that my work delves into.

Within this guiding framework, I examine internal communications through a group identity perspective using the theoretical lens of social identity theory. Social identity theory suggests that people derive their identity partly from group memberships, creating "many nested identities" from each group membership (Hennessy & West, 1999, p. 364). In this way, an individual may identify both as a nurse and as an employee at St. Michael's Hospital, as well as many other personal identities. In order to maintain their positive self concept, people associate with high-status groups that reflect positively on their own individual identity (Tajfel & Turner, 1979). They also compare their 'in-

groups' to applicable 'out-groups' in ways that prove the superiority of their in-groups (Tajfel & Turner, 1979). According to Stets and Burke, "one's self-esteem is enhanced by evaluating the in-group and the out-group on dimensions that lead the in-group to be judged positively and the out-group to be judged negatively" (2000, p. 225). Specifically, people differentiate their in-groups by distinctive traits that make them unique, not just those that are objectively positive or negative (Tajfel & Turner, 1979).

In a workplace setting, social identity can be especially important because, "for many people their professional and/or organizational identity may be more pervasive and important than ascribed identities based on gender, age, ethnicity, race, or nationality" (Hogg & Terry, 2000, p. 121). Thus, professional identities define people in meaningful ways that are highly attached to their social identity. In large complex organizations, an in-group can refer to a small team within an organization or the identification an employee feels with an organization as a whole (Hennessy & West, 1999). However, the principle of "optimal distinctiveness" suggests that employees will associate with a smaller group instead of a larger overall one so that they can feel most unique (Callan et. al, 2007).

Social identity theory offers a meaningful theoretical perspective for this research because communications professionals who embody the voice of the organization, can play a leadership role in communicating the identity of an organization to employees. This process is significant because organizations that foster a strong social identity have employees that may even place company interests above their own personal interests (Ellemers, De Gilder, & Haslam, 2004; Tajfel & Turner, 1979). However, social identities

cannot be forced on employees; they must develop organically in line with employees' wants and needs (Callan et. al, 2007). In this way, internal communications about group identity must be accurate and believable in order to be accepted by employees (Davies, Nutley & Mannion, 2000).

Altogether, social identity theory illuminates both the positive and negative features of organizational identity that the public affairs and communications team must traverse. Williams (1992) also offers a Model of Internal Communication in Adaptive Communications Systems that can clarify best practices to reach employees effectively. The model is represented as a cycle and features the company's product or sales output in the centre, surrounded by several influencing factors including mission, vision and values, responsiveness of communications to the audience, as well as whether these factors are based on a plan or are more ad hoc in nature (Williams, 1992). Williams explains that the model, "identifies the elements which interact to produce effective communication and change in large bureaucratic organizations" (1992, p. 7). The model is useful because it synthesizes interviews with twenty-one large organizations into one model (See Appendix A) (Williams, 1992). Moreover, I have selected it for this research because I believe it accurately describes and can help explain how communication operates at St. Michael's Hospital. Using this model, I will discuss how Williams' concept of an adaptive communications system relates to St. Michael's Hospital.

Literature Review

I have outlined my theoretical orientation based on Tajfel and Turner's (1979) social identity theory and Williams' (1992) model of internal communication. Now, I will

provide a synthesis of how these fields relate specifically to the hospital environment. Because of hospitals' unique nature, scholars have studied them a great deal. Salem and Williams note that, "hospitals are loosely structured systems, similar to universities, in which professionals are employed to exercise their expertise" (1981, p. 15). Because of this, a hospital's skilled employees do not need as much task-related information to know how to do their work (Salem & Williams, 1981). Salem and Williams (1981) believe that communicators in hospitals are also fundamentally unique from those in other organizations. According to them, hospital communicators, "generally see less of a need to receive and a greater need to send information than the members of other organizations while they are equally as satisfied with the system as others" (Salem & Williams,1981, p. 14-15). Others note that hospitals can be resistant to new communications technologies, in particular the new wave of social media (Sarringhaus, 2011).

The most important aspect of a hospital is providing quality patient care, and some researchers have analyzed the connection between communications, organizational culture and quality care. Tsai and Wu (2011) situated their research specifically in the nursing units at three hospitals in Taiwan. Their study asked nurses to self-report their perceptions and their results show "internal marketing has an impact on both organizational commitment and service quality" (Tsai & Wu, 2011, p. 2593). In contrast, Davies, Nutley and Manion (2000) argue that a link between organizational culture and quality care cannot be proven beyond a doubt. However, they state that, "organisational culture appears to be a crucial factor in understanding the ability of any organisation to perform and compete, and some work in health care confirms this" (Davies, Nutley &

Manion, 2000, p. 114). These studies inspired the creation of two new research questions for me. These are, "What do the public affairs and communications staff believe to be the culture of St. Michael's Hospital, and how does this culture relate to beliefs about the culture and quality patient care?"

Several researchers have applied social identity theory in a hospital environment with areas of focus including small versus large group identification, organizational commitment and internal communications measurement. Rodrigues (2011) believes that hospitals are particularly interesting organizations in which to study social identity because "the charitable organization's identity will have a distinctly moral cast that other organizations may lack" (p. 1291). This moral cast becomes a key part of the staff's identity (Rodrigues, 2011). Within hospitals, studies show that employees tend to identify most with small groups and that identity change cannot be enforced upon them. In particular, two notable studies (Callan et. al, 2007 ; Hennessy & West, 1999) have looked at this aspect of group identity.

In their study, Callan et. al (2007) focused specifically on organizational change and its effect on hospital group dynamics. Using a social identity perspective with respect to the change process, the authors found that employees identified with their original functional units more than newly assigned ones or the hospital as a whole (Callan et. al, 2007). This attitude was most prominent in individuals with low-status occupations (Callan et. al, 2007). In a similar study, Hennessy and West (1999) performed their research in a hospital to gauge opinions on in-groups and out-groups throughout the multidisciplinary team. Interesting findings included that respondents both favoured and

felt more shared identity with their individual functional unit than others at the hospital (Hennessy & West, 1999).

These results from both Callan et. al and Hennesy and West show that an overall social identity is difficult to foster within a hospital, where staff size is large, job descriptions vary, and face-to-face interaction may only occur with a small group. Social identity studies like these have helped to guide my research and give purpose and meaning to my own study. Using these studies, I further refined one research question to be, "How do subgroups impact the overall organizational identity at St. Michael's Hospital?"

The aforementioned studies both use social identity as a concept that explains how employees become attached to their professional identities and their workplaces. Another area discussed in the literature is how to measure effective internal communications and the connection between communications and staff commitment. Chang and Chang (2009) researched the role of internal marketing in generating staff commitment at two hospitals in Taiwan. Through this quantitative study, the authors found a correlation between positive reviews of internal marketing and staff commitment at the studied hospitals (Chang & Chang, 2009). Social identity theory argues that employee commitment can be a positive result of a strong connection to an in-group (Tajfel & Turner, 1979). In this way, there may be a connection between shared social identity and effective internal marketing. At St. Michael's Hospital, staff commitment is a major priority of internal communications and the survey conducted by Chang and Chang

is very similar to the staff engagement survey that St. Michael's Hospital recently performed on their own staff.

The idea of measuring internal communications is also discussed by Williams who studied internal communications in a hospital setting in two foundational works. In a literature review surrounding hospital communications, Salem and Williams (1981) offer five questions for researching the impact of communications in a hospital including: "(1) how is information processed; (2) what communication is satisfying; (3) what are the internal feedback mechanisms of the organization; (4) what factors constrain communication; and (5) how is communication related to organizational effectiveness" (p. 11). These questions helped influence my own research, particularly my interview protocols.

Salem and Williams (1982) have also measured success from the perspective of the message 'receivers' in a hospital. They surveyed employees at a small hospital in Texas for their opinions on uncertainty and communications in the hospital. They found that employees with low uncertainty about internal communications tended to have higher job satisfaction (Salem & Williams, 1982). They also found that employees desired more group meetings and more face-to-face contact with their supervisor or manager, which is similar to findings from a social identity perspective (Salem & Williams, 1982). Using these studies on measurement, I refined additional research questions including, "How do the staff believe that subgroups impact the overall organizational identity at St. Michael's Hospital? How is internal communication described at St. Michael's Hospital and are there suggestions for improvement?"

Altogether, the studies I have outlined above are only a few of the many related studies that acted as a solid base informing my research. These studies show the unique nature of hospital communications and corporate culture, as well as the connection between organizational identity and personal identity and begin to discuss how this complex process can be measured. These works inspired the tailoring of my research questions including, "What do the public affairs and communications staff believe to be the culture of St. Michael's Hospital, and how does this culture relate to beliefs about the culture and quality patient care? How is internal communication measured at St. Michael's Hospital and lastly, are there suggestions for improvement?"

Method

In order to understand the inner workings of the internal communications system,

I both analyzed documents and interviewed staff in the public affairs and

communications department at St. Michael's Hospital.

Document Collection

I collected several documents with the permission of my internship supervisor.

These documents are described in the chart below. In my role as intern, I did contribute

towards the internal communications by writing documents throughout the course of my

internship. However, for the purposes of my analysis, I preferred to analyze pieces that

did not involve my own work, when possible. Accordingly, the pieces selected below for

in-depth analysis were created independently of me unless otherwise noted.

Table 1
Documents Collected for Analysis

Document	Description	Number	Explanation
Daily Bulletin emails (*In Touch Daily*)	Sent daily to all staff with information on events, workshops and other news highlights for the day.	Three randomly selected emails dated February 21, 2012, March 9, 2012 and March 15, 2012.	The content of the daily bulletin emails follows a prescribed structure which three representative emails demonstrate adequately. Random selection ensured that emails are a relatively representative sample.

Document	Description	Number	Explanation
Monthly Printed Newsletters (*In Touch Monthly*)	Distributed monthly at several stations throughout the hospital and adjoining research building with size varying from four to eight pages. Design is similar each month and follows St. Michael's Hospital's branding standards. Stories range from 50 to 350 words and often include images.	Four	Four newsletters represents the activity for the first third of 2012. At the same time, keeping the sample size somewhat small allowed my analysis to be more thorough. The newsletters I selected do include some articles written by me, but I have not used them for in-depth analysis.
Staff Engagement Survey Results	The staff engagement survey was given to all staff to complete in 2011 in order to measure their engagement with their work at St. Michael's Hospital. The engagement survey is the first that has been performed in the hospital since 2005. The survey had a 66.8% staff response rate and posed questions in the form of a likert scale. The results of this survey are now public information.	Selected statistics	The statistics l draw upon were selected by myself and by members of the public affairs and communications department to be potential measures of internal communications.
Internal Reports	With permission, I collected internal reports on communications strategy and effectiveness that were written over the past five years.	Three	I used these for background information when needed and did not perform any in-depth analysis on them.

Interviews

Using Williams' model as a base, I developed a semi-structured interview

protocol (see Appendix D) and conducted and transcribed interviews with selected

employees in the communications department in order to understand their motivations

and intentions behind creating internal communications. My interviewees are listed in the

table below.

Table 2
Interviews

Interviewee	Title	Topics of Interest	Date
	Senior Communications Advisor	Internal Communications Tactics Overview	March 21, 2012
	Chief Communications Officer	Overall Communications Strategy	April 17, 2012
	Team Leader of Digital Media	Digital Communications	April 25, 2012
	Manager of Media Strategy	*In Touch Monthly* Newsletter	April 25, 2012

Because my study dealt with human subjects, I consulted with the Research

Ethics Boards at both St. Michael's Hospital and Ryerson University before beginning

my research. Both organizations agreed that this research is quality improvement focused

and could move forward without formal approval (see Appendix B for correspondence).

To request the participation of my interviewees, I sent a letter of invitation individually to

each employee via email (see Appendix C). I informed them that I consulted with the

Chief Communications Officer and I had received her permission to conduct this study.

The letter of information made it clear that their participation in my study was voluntary

and that their interview could be anonymized if requested. I also made it clear that there

was no incentive to participate in my research, as well as no harm in not participating.

Before the interviews began, participants signed a waiver that outlined these conditions.

All of my interviewees consented to having their job titles published in connection to their quotes in this paper.

I chose to perform semi-structured interviews in person at St. Michael's Hospital because the location was convenient and comfortable for participants. Using a semi-structured format, I was able to stray slightly from my protocol when asking probing follow-up questions. Interviews were tape recorded and transcribed so that I had an exact record of what was said in order to perform my analysis.

Method of Analysis

To analyze my interview transcripts and other documents, I considered several types of qualitative data analysis, but ultimately decided to perform a grounded theory analysis. Grounded theory analysis was developed by Glaeser and Straus in 1967 and remains a popular approach for researchers today (Lindlof & Taylor, 2002). Rather than searching the data for predefined categories, grounded theory allows trends in the data to be grouped and then to be defined only as a last step (Lindlof & Taylor, 2002). I chose this type of analysis because I wanted to let the data speak for itself for as long as possible, rather than constraining it into categories immediately.

To deal with the large amount of data, I chose to perform a detailed grounded theory analysis on my interview transcripts. At the same time, I performed a less detailed analysis on the documents in order to support my primary analysis. I began my initial coding by searching for similarities between documents and coding them into large overarching categories. I then searched for trends within those categories to create

subcategories. After my subcategories were developed, I completed a further merging of subcategories where I found similarities and trends. The result of this recursive coding and recoding process was a logical structure with several defined themes and sub-themes in which I could report my findings. Ultimately, results were divided into the following themes for reporting purposes: planning communications, communications implementation, measuring communications practices, and future direction. The communications implementation category was used not only to discuss the staff's opinions on implementation, but also to discuss the results of my document analysis.

Although most of my document analysis was less detailed, I chose to perform a more detailed analysis on the *In Touch* monthly newsletter in order to identify organizational values. As a piece of material culture from St. Michael's Hospital, the newsletter is rich with information. Material culture refers to the artifacts in a scene that can reveal information about the people that create and use them (Lindlof & Taylor, 2002). In this way, the newsletter is significant because it shows a snapshot of the most timely and 'newsworthy' internal news stories on any given month. Prown (1982) suggests that, "objects made or modified by man reflect, consciously or unconsciously, directly or indirectly, the beliefs of individuals who made, commissioned, purchased or used them, and by extension the beliefs of the larger society to which they belonged" (p. 1-2). Thus, as a piece of material culture, the newsletter shows what information is valued and considered to be important by the public affairs and communications team at the hospital. To analyze the newsletter, I reviewed the articles on the covers of four newsletters with the organizational values as my evaluative lens. The values are found in

table 3 below and have been excerpted from St. Michael's Hospital's public literature

outlining their values. The purpose of using these values to analyze the articles was to see

how they are reflected in the newsletter and whether there is in fact a correlation between

the written values and material culture of the newsletter.

Table 3
St. Michael's Hospital Values

Human Dignity	We value each person as a unique individual with a right to be respected and accepted.
Excellence	We value quality in care, work life, education and research.
Compassion	We value a quality of presence and caring that accepts people as they are and fosters healing and wholeness.
Social Responsibility	We value integrity and the promotion of the just use of resources entrusted to us for the enhancement of human life.
Community of Service	We value a work climate of mutual trust and harmony to enable healing, collaboration and the fulfillment of human potential.
Pride of Achievement	We value our colleagues, our work and our accomplishments and take pride in bringing our rich tradition of hope and healing to every person in our care.

(St. Michael's, 2012a)

Results

As stated above, my results are reported based on the following four overarching themes: planning communications, communications implementation, measuring communications practices, and future direction. In the following section, I will outline the main results of my interviews and document analysis in each category.

1. Planning Communications

Planning communications can be defined as any formal or informal work that takes place *before* communications tactics are implemented and *informs how* implementation takes place. This theme breaks into five subcategories: planning and organizational identity, documents that aid in planning, external sources of identity, planned communications, emerging guidelines and planning and organizational identity. The following section will outline the results in these subcategories.

1.1 Planning and Organizational Identity

The first component of planning communications appears to be understanding the organization, its needs and its unique identity. Many of my interview participants discussed this aspect of communications planning. In a number of cases, when discussing organizational identity, the staff implied that St. Michael's Hospital is fundamentally unique from other organizations**.** As the Manager of Media Strategy phrased it, "because of the special nature of St. Michael's, everybody already sort of filters things through that lens" (personal communication, April 25, 2012, p. 3). The Senior Communications

Advisor expressed similar sentiments by saying, "given the unique culture that exists here, I think that sort of helps to define which tools we use to communicate with staff" (personal communication, March 21, 2012, p. 2). She also added, "We have a longstanding history, as you know. And a pretty unique culture and the culture really is centered around not just patients, but staff. I think especially at this hospital, keeping staff in the loop, there's a sense of responsibility" (Senior Communicaions Advisor, personal communication, March 21, 2012, p. 2) These statements characterizing St. Michael's Hospital as a 'unique' or 'special' organization show an understanding of the implicit identity of St. Michael's and how the staff believe the hospital is different from other organizations. Thus, the public affairs and communications staff discuss overall similarities in the values of the organization. These similarities appear to be used to unite the diverse groups that work at St. Michael's.

1.2 Documents that Aid in Planning

Several documents appear to have a role in developing organizational identity at St. Michael's Hospital including the mission, vision, values and the strategic plan. For example, the Chief Communications Officer said, "It's probably guided certainly in part by the mission, vision, values because the communications model has to be consistent with that. Here, it's also guided a lot by the organization St. Michael's strategic plan" (personal communication, April 17, 2012, p. 7). These documents seem to influence the organization simply *because* the staff believe they are important. One staff member noted, "I think the mission and values, it ... takes quite a prominent place ... in a lot of strategic planning. It's not just ... placeholder material, like you'll see at a lot of

corporations...it's ... a lot more alive" (Team Leader of Digital Media, personal

communication, April 25, 2012, p. 8). Another staff member noted that the values in these

documents are "not just plaques on the wall" at St. Michael's Hospital (Chief

Communications Officer, personal communication, April 17, 2012, p. 3). Through these

quotes, the staff demonstate their belief that these documents help construct

organizational identity. In addition to constructing organizational identity, these

documents can aid in planning for the communications process, as illustrated in my later

analysis.

1.3 External Sources of Identity

In describing the organizational identity of St. Michael's, multiple interviewees

discussed what they hear about the hospital from others. These secondary sources of

information demonstrate a sort of 'folklore' that circulates around the hospital. In one

instance, the Manager of Media Strategy said, "you hear it all the time, the feedback from

patients is that ... they just feel that they do get extra special attention here that they don't

get at other hospitals" (personal communication, April 25, 2012, p. 4). In explaining the

role of the mission, vision and values, another staff member explained "that's a

characteristic of St. Mike's that, I think people here often hear repeated by people

internally" (Team Leader of Digital Media, personal communication, Aril 25, 2012, p. 8).

Lastly, the Chief Communications Officer similarly referenced third party opinion when

she said that "everybody is amazed when they come here at how involved our physicians

are in decision making in the hospital and how engaged they are with the

hospital" (personal communication, April 17, 2012, p. 3). Thus, the staff illustrate how

their beliefs about organizational identity are confirmed by original sources that are both seen and heard around the organization.

1.4 Planned Communications

Communications planning involves laying the groundwork to move beliefs into action. In regards to planning, the staff revealed a mixture of planned communications, as well as emerging guidelines. When asked about the influence of planning on communications, the Chief Communications Officer described, "We try to be planned. I believe pretty strongly in planning" (personal communication, April 17, 2012, p. 5). When discussing the specifics of the plan, she went on to say, "it's probably not so much a plan as a framework. So we talk about how we want to roll out messages internally and then when there's an individual topic like the budget, we'll ... have a mini plan that talks about ... what will we do on this date, what will we do on that date? But if you don't have a robust framework in place, then it's hard to do those smaller tactical plans" (Chief Communications Officer, personal communication, April 17, 2012, p. 5). In this way, the planning documents range from high-level strategic plans to smaller tactial plans including milestones and timelines for execution. The Team Leader of Digital Media agreed that, "this department particularly has ... put these things into more of a structured process where ... there are certain ...steps we need to take in our planning process in order to make sure that we're effectively delivering on communications and on the objectives we're trying to achieve" (personal communication, April 25, 2012, p. 8). These comments reference the formalized planning that occurs involving both large frameworks and smaller tactical plans.

1.5 Emerging Guidelines

At the same time, the staff also demonstrated how emerging guidelines can dictate their behaviour based less on formal planning and more on "editorial judgement" or "what is editorially significant" (Manager of Media Strategy, personal communication, April 25, 2012, p. 2) (Team Leader of Digital Media, personal communication, April 25, 2012, p. 3). In this area, one staff member offered that "our general practice has been to make sure that as a department we're implementing these best practices and then you start moving to key stakeholders from there" (Manager of Media Strategy, personal communication, April 25, 2012, p. 7). These 'general practices' may not be formally written, but are still relevant to the staff. In particular, the horizontal communication between members of the department referenced emerging guidelines through face-to-face discussion. One staff member said, "when we meet on a weekly basis as an entire group ... we end up vetting tactically what we think would be appropriate or useful or effective to reach a particular objective" (Team Leader of Digital Media, personal communication, April 25, 2012, p. 8). Another staff member added that in the staff meeting they "just sort of go around the table and see what people have" (Manager of Media Strategy, personal communication, April 25, 2012, p. 4). These emerging guidelines appear to be developed through collaborative discussion with the team, rather than written in a formal document.

Overall, my interviews illustrate that planning communication begins by thoroughly understanding the organization through both direct and indirect sources of identity. These range from formal sources like organizational documents to less formally

based organizational 'folklore'. Once the unique nature of the organization is understood, the planning process itself can vary in its formality. Tactical plans and written documents are both considered important. At the same time, the staff's own knowledge, expertise and experience allow them to make more impromptu decisions. As the staff discussed, the foundation for all of these processes is a thorough understanding of organizational identity.

2. Implementing Communication

Under communication implementation, the identity of St. Michael's Hospital is brought into action through implementing the staff's plans. Implementing communication can be further defined as any description of *what* the staff does to communicate, as well as descriptions of *how* specific tactics are used. This category breaks into five major subcategories including discussions of the importance of multiple channels/tactics, an overview of print tactics, digital tactics, and face-to-face tactics, as well as any mentions of audience. Within the print and digital subcategories, there are also further subcategories. The overview of print tactics is broken down between the *In Touch* monthly newsletter interview analysis and my own document analysis of the newsletter. Digital tactics are broken down to discuss the Intranet, *In Touch Daily* interview and document analysis findings, digital signage and lastly, social media and other collaborative tools.

2.1 Importance of Multiple Channels/Tactics

Thus far, I have discussed the influence of formal and informal organizational identity and how both relate to planning for the communication process. Following planning, the implementation of communication is another major area of discussion from the staff. During my internship, I learned that the three overarching channels for communication at St. Michael's Hospital are print, digital and face-to-face. However, through my interviews the staff members reinforced that these channels all remain important to the communications plan. For example, the Chief Communications Officer said, "you still need a mix of the three - electronic may be now 60% or 70%, but you can't stop having the other two available or I don't think you're doing your job" (personal communication, April 17, 2012, p. 4). The Manager of Media Strategy also discussed the importance of using multiple channels. She reported, "in any communications model, you're always trying to hit as many different platforms as possible so that even though there's overlap, you try and do it" (personal communication, April 25, 2012, p. 3). Lastly, the Team Leader of Digital Media provided, "the purpose of having the channels themselves [is] to reach the largest number of people or to reach people in multiple ways or multiple formats or on multiple devices... However they're interacting with the brand, we're trying to cover off the channels where we think there's a lot of ... interaction" (personal communication, April 25, 2012, p. 3). These responses demonstrate how a mix of channels is considered an important component of the implementation of internal communications by the staff. In the following section, I will discuss each overarching channel of communication individually, beginning with print.

2.2 Print Tactics Overview

The first method of internal communication described by staff members is print-based communications. These include posters, campaign collateral, as well as the monthly newsletter. As the Chief Communications Officer described, "there's print still because in hospitals ... we've got pretty big chunks of workers that don't sit at their computer at all or if they do, very little. So think people like the housekeeping staff that are out on the floors pretty much all day, the nursing staff that are at bedsides more than ... at the computers, that kind of thing, so you still have print because still people like to pick something up and read it on the subway on the way home or even take it home and read it there" (personal communication, April 17, 2012, p. 4). The Manager of Media Strategy further elaborated on how print methods fit into the communications mix by saying, "there's places that you'll read paper that you won't read online and to certain people including you know, the older members of the staff, there is just more of a prestige or if it's not on paper it's not as important. There's still a bit of that perception" (personal communication, April 25, 2012, p. 2). Although one staff member expressed some opposition to print-based methods, the overall discussion of print vehicles centered around the fact that they remain used to meet the needs of the diverse staff at the hospital.

2.3 In Touch Monthly Newsletter Interview Analysis

The main print vehicle used for internal communications at St. Michael's Hospital is the *In Touch* monthly newsletter that is distributed throughout the hospital on the first day of each month. In her interview, the Manager of Media Strategy described the

newsletter as "the *premiere real estate* in terms of our communications, which is not to say it's the most important or the most effective. It's just to say it's the high value. It's where we do, you know, the high impact things, like not the day to day 'the new MRI is broken', but the 'did you know that we bought three new MRI's, that they're ... state of the art and it's going to allow us to do such and such'" (personal communication, April 25, 2012, p. 2). In this way, the newsletters allow for more explanation and more storytelling than other tactics. On the newsletter, the Chief Communications Officer further commented that "we have a good newsletter ... but [it has] room for kind of evolution" (personal communication, April 17, 2012, p. 8). This comment is consistent with the staff's evaluations of most internal communications tactics currently employed.

2.4 In Touch Monthly Newsletter Document Analysis

From my interviews, it became clear that curating the newsletter involves selecting the 'high value' content that will both pique staff interest and reinforce brand identity each month. In this way, the newsletter becomes a strong piece of material culture that offers insight into what is valued at St. Michael's Hospital. The first step of analyzing material culture is to describe its physical appearance. The January, February, March and April 2012 newsletters are colourful four page printed pieces with content divided into between eight and ten articles for each month. Some of the stories are longer (about 350 words), and others are significantly shorter (about 50 words). The varying length of these stories may reflect their overall importance or simply the amount of information available on the topic at the time of print.

As Frandsen and Johansen (2011) explain, organizations "...are porous letting internal communication 'leak out', and external communication 'leak in' due to different stakeholder roles, communicative practices, and social networks crossing organizational boundaries" (p. 356). Because the newsletter is distributed in public areas of the hospital, it has a primary purpose of engaging staff, but is also available to patients and others outside of the organization. Thus, stories featured in the newsletter must reinforce brand identity for both internal and external audiences. Because of this, one could argue that the length and focus of the stories is also shaped by what the communications staff perceives patients and visitors want to see. Visual hierarchy of information is communicated through length of story, size of headline, and the possible inclusion of an image. Images include symbolic icons, photographs of inanimate objects, as well as photographs of doctors, researchers and speakers posing or seemingly 'in action'.

The header of the newsletter is the same each month and includes a photo of the statue of St. Michael in the hospital lobby. From the perspective of an outsider to the organization, the large inclusion of the angel photo demonstrates its importance to the hospital, although its significance is not explained in the text. Instead, it acts as a recognized symbol of the hospital's 'urban angel' moniker. The angel image acts almost as a form of visual 'folklore' about the hospital, reminding staff of the religious roots and longstanding history of the hospital.

Prown suggests that, "The fundamental purpose of the study of material culture is the quest for cultural belief systems, the patterns of belief of a particular group of people in a certain time and place" (1982, p. 6). To gather this information, I reviewed the front

page articles on four newsletters for the organizational values (human dignity, excellence, compassion, social responsibility, community of service and pride of achievement) (St. Michael's, 2012a). The analysis revealed that pride of achievement was the most prominent value displayed. For instance, each article featured at least one reference that clearly fit into this category. Within the articles, I found lines that pointed out achievements such as, "Researchers at St. Michael's had almost double the national success rate in the fall round of CIHR operating grants" (Shepherd, 2012a, p. 1) and "Dr. Evans has produced a 10-minute animated video explaining why walking is the single best thing we can do for our health. As of mid-January, roughly a month after he posted it on You Tube, it had more than 1.47 million hits and almost 14,000 likes and was the most-viewed education video" (Shepherd, 2012b, p. 1). These lines exemplify pride of achievement in which one employee or group of employees' achievement is broadcasted throughout the hospital for recognition. Interestingly, these accomplishments are focused on the work of doctors and researchers, rather than those who do not participate in patient care. In this way, medical and research based achievements appear to be considered 'high-value' and are used as points of social comparison to increase the image of St. Michael's Hospital as an overall in-group. Specific staff mentions include executive level employees, technologists, the board of directors, CEO and senior management. This focus on upper level employees who have a strong role in patient care shows the value placed on patient care, which is of course the primary purpose of the hospital.

Other values were also identified in the newsletter articles; for instance, it is evident that a respect for patients and staff exists with comments like, "Dawn-Marie

King, the director of medical imaging, said the wide-bore GE Discovery MR750w will also be faster and more comfortable for patients" (Taylor & Shepherd, 2012, p. 1) and "this means technologists won't have to do as much heavy lifting and should improve the work flow" (Taylor & Shepherd, 2012, p. 1). There is also a focus on quality reflected in statements such as "I commend you for your dedication to quality within our hospital and encourage you never to lose sight of how we can continue to transform the way patients receive care at our hospital" (Sinclair, 2012, p. 1)**.** Altogether, the article content reflected a respect for staff and patients, as well as a focus on quality health care. Of the stated values, pride of achievement was most prevalent with medical and research achievements demonstrtaed as 'high-value' content.

2.5 Digital Tactics Overview

The digital internal communications at St. Michael's Hospital encompass several tactics. According to the Senior Communications Advisor, these include, "our portal, which is the staff Internet. We have a daily enews bulletin, which is the *In Touch Daily*. That goes out to all staff with a hospital email address. We have the digital screens in various locations throughout the Li Ka Shing Knowledge Institute, which we are implementing hospital-wide shortly" (personal communication, March 21, 2012, p. 1). The digital communications are considered important within the hospital, with the Chief Communications Officer noting that "electronic now is ... hugely more developed than it was when I started my career" (personal communication, April 17, 2012, p. 11). The digital tactics are further segmented and described below.

2.6 Intranet

According to the Team Leader of Digital Media, the digital channels include, "primarily the web" or the intranet/portal developed exclusively for an internal audience (personal communication, April 25, 2012, p. 3). In describing the intranet, he said, "your portal is kind of the centre of the universe. And it contains everything, content, documents, tools for staff, all of these different things, and it hopefully delivers those things via a nice design and a nice easy way for people to ... access what they want to do" (Team Leader of Digital Media, personal communication, April 25, 2012, p. 5). He went on to say that content on the portal might cover, "the full story about research that's happening at St. Michael's or an award that somebody won, or an amazing achievement of one of our people" (Team Leader of Digital Media, personal communication, April 25, 2012, p. 5). In this way, the Intranet is an important tactic to share detailed information with staff ranging from tools needed to do their jobs to more news-style reporting about achievements.

Although the Senior Communications Advisor believes that the portal is effective, she also suggested that, "there is room for improvement there in terms of how the information is presented, how it's laid out, whether the intranet is really user friendly" (personal communication, March 21, 2012, p. 3).

2.7 In Touch Daily Interview Analysis

In Touch Daily is the daily email newsletter that is sent to all the staff email addresses. According to the Team Leader of Digital Media, it is "probably the oldest

digital channel that we use" (personal communication, April 25, 2012, p. 3). He added

that the newsletter content is developed by, "collect[ing] information or submissions of

content from around the organization ... and then ... also work[ing] with our own editorial

schedule" (Team Leader of Digital Media, personal communication, April 25, 2012, p. 3).

Thus, *In Touch Daily* is curated in a similar way to the *In Touch* monthly newsletter, even

though the purpose of the content is different.

Although the Chief Communications Officer believes the email is effective, she

also noted that, "there's a tendency sometimes to think, 'well I sent an email, so that's

good enough' and it's not, especially in a hospital setting" (personal communication,

April 17, 2012, p. 4). The Manager of Media Strategy also offered some options for

improvement including that, "we need to start shrinking [*In Touch Daily*] because does

everybody need to know all that information? Probably not. You know, research does do

its own twice weekly email. You know it probably needs to be better designed because

it's way too long, as well" (personal communication, April 25, 2012, p. 8). The staff

illustrate how the daily email has proven useful for disseminating content on a daily basis

and remains used for this purpose. However, like other tactics, it remains a work in

progress.

2.8 In Touch Daily Document Analysis

To help my understanding of the digital communications at St. Michael's

Hospital, I reviewed three randomly selected *In Touch Daily*'s as outlined in my

document collection section above. Visually, the three emails I collected are quite similar.

They are each text-only and quite long, making them less visually appealing than other

media like the colourful newsletter or digital signage. Not only is there similarity in the look of the emails, but also in their content. For instance, the daily marketeria menu, news mentions about St. Michael's Hospital and upcoming events are covered in each sample I collected. Other items featured in the three daily emails are either general interest items ("nutrition month tips", "in touch newsletter is out now", "Dr. Patricia Houston appointed Vice Dean") or more "need to know" items for the staff ("change in deduction schedule", "security alert - attempted assault", "outlook mailbox maintenance") (St. Michael's, Feb. 21, 2012; St. Michael's, Mar. 9, 2012; S St. Michael's, Mar. 15, 2012). Together, these types of news are similar to the purposes of internal communication mentioned by the Manager of Media Strategy. She said, "One [type of information shared] is directly, you need to know to do your job. The other would be about the people you work with. And then probably then the third thing is education" (personal communication, April 25, 2012, p. 1).

The downside of sharing all types of information is that the daily email ranges from 561 to 1489 words, which makes for a considerable amount of scrolling. However, the emails are relatively easy to skim because they have a numbered index of what will be covered and each block of text is given a corresponding number. In this way, readers can easily locate the information that interests them within seconds of opening the email. However, considering there are so many different types of staff at the hospital, there are certainly items that are included that are not relevant or interesting to all staff.

Given the space constraints of the emails, there are not as many direct examples of the identity or personality of St. Michael's Hospital within the daily email as there are

within the newsletter. This relates to the Digital Media Team Leader's comment that, "what we're doing is really trying to grab the byline or the core idea, the core message of the story ... and then trying to push people back to the full story" (personal communication, April 25, 2012, p. 7). The daily email does this by including a short feature and links to the full story in many cases. At the same time, the St. Michael's Hospital identity and values are not as strongly represented in this format as in other media such as the newsletter. Unlike the monthly newsletter, the daily email is sent exclusively to an internal audience and the purpose is to give an update on what is important or newsworthy each day. The purpose, medium and audience combine to make the email less descriptive and less focused on pride of achievement than the monthly written newsletter.

2.9 Digital Signage

The digital signage is currently located in the Li Ka Shing Knowledge Institute, a specialized research building that was recently erected next to the hospital. However, two staff members noted that the signage would soon be expanding to other areas of the hospital as well. For example, the Team Leader of Digital Media said, "we're also employing digital signage or screens to a large degree now, so that's going to continue to grow" (personal communication, April 25, 2012, p. 3). The screens are essentially flat-screen mounted televisions with written information that rotates on a loop lasting several minutes. The type of information conveyed is short and to the point. The Team Leader of Digital Media elaborated, "We ... established some editorial guidelines about what we'll publish to the screens... We've given a certain amount of real estate and time on every

screen to events because ... the subject and time and the location of the event can be quickly conveyed" (personal communication, April 25, 2012, p. 2). However, the screens also present an interesting communication's challenge because they appear in public spaces where segregating a staff audience is not as simple. As the Digital Media Team Leader said, "the screens have certain audiences that tend to use them, [so] that the distinction between internal and external audiences is kind of blurred with screens because they're kind of in public places" (personal communication, April 25, 2012, p. 4). In this way, the content of the screens must be executed with a mixed audience in mind, much like the newsletter.

2.10 Social Media and other Collaborative Tools

Lastly, a few staff members mentioned social media and other collaborative tools as a developing area of the digital strategy. Particularly in the case of social media, the Chief Communications Officer said it is "gradually ... coming into organizations" (personal communication, April 17, 2012, p. 4). As the Team Leader of Digital Media described, "we're using ... collaborative tools and ... things like blogs and wikis and stuff internally on an experimental basis to see how people react and does it ... increase two-way feedback or two-way conversation. We've also ... used electronic bulletin boards for a number of years at this organization to facilitate more informal ... two-way conversation with staff" (personal communication, April 25, 2012, p. 5). The Chief Communications Officer echoed that, "we're shortly hopefully going to launch our first blog where we'll have the comment feature on so people can talk. We have some internal platforms that IT has purchased that allow discussion groups and chat groups and

we have not yet used those" (personal communication, April 17, 2012, p. 4). These newer

digital media tactics are just starting to be used and words like "gradually", "hopefully"

and "experimental" hint at some possible hesitation in their use. Some of the possible

hesitation could be caused by the additional monitoring work that they will cause for the

digital team. For instance, the Team Leader of Digital Media provided that, "we play an

active role in monitoring ... conversations about us, about the brand and ... managing

those things appropriately if needed" (personal communication, April 25, 2012, p. 1).

This area of the digital strategy appears to be very much in progress, as is the trend with

social media outside of the organization as well. Overall, there is a delay in advancing

social media into health care organizations because of privacy concerns (Sarringhaus,

2011). As well, introducing new media can present a challenge in deciding its role,

purpose and how additional work will be divided. These trends appear to be present at St.

Michael's Hospital, as well as in the industry at large.

2.11 Face-To-Face Tactics Overview

Lastly, the third type of communication mentioned in my interviews is face-to-

face. This type of communication is particularly important, the Chief Communications

Officer noted, because "there's no question everybody wants to talk to the person that,

you know, the boss at some point during their day/life" (personal communication, April

17, 2012, p. 4). The main mode of face-to-face communication used is the monthly town

hall, an open forum where the CEO is present to answer staff questions and give other

relevant information. According to the Chief Communications Officer, at the town hall,

"Our president every month is there and he is telling staff he'll answer their questions etc.

When I first came in, nobody was ... asking questions, [so] we've worked hard to get him more questions now. Now the next thing is to increase the attendance and to make it more representative of the organization" (personal communication, April 17, 2012, p. 8). The Senior Communications Advisor also mentioned additional types of face-to-face communication including emergency communication that involves "runners": "So [for] a representative from each department or area, we do have a code that we can use to send important messages" (personal communication, March 21, 2012, p. 9). Although these face-to-face communications vary in purpose, they both allow for real time feedback, which is a key part of their overall purpose.

2.12 Audience

The idea of the audience for internal communications is one final aspect of implementation that the staff discussed. There seemed to be a consensus that there is both an overall audience, as well as subgroups and subcultures within the hospital. The Team Leader of Digital Media separated these subcultures between the clinical and administrative workers of the hospital. He said, "communications sort of acts like a bridge between these groups" (personal communication, April 25, 2012, p. 2). At the same time, they believe these staff members are all connected under the St. Michael's Hospital umbrella. The Chief Communications Officer said, "I think to some extent even though within subgroups they have different cultures, and different behaviours and different ways of reacting to things, I think there's still a common alignment with the values" (personal communication, April 17, 2012, p. 2). In this way, the Manager of Media Strategy emphasizes that the audience for their communications is "those 5,500

people. But you then have subgroups within that" (personal communication, April 25, 2012, p. 3). These discussions of overall groups and subgroups are consistent with social identity studies in hospital environments, which show a strong connection to individual functional units. Despite these subgroups, the public affairs and communications department works to reinforce an overall identity, based on the organization's overarching values and culture. In order to gauge whether this is working, the next step of internal communication is measuring communication practices.

3. Measuring Communication Practices

Measuring communication practices can be defined as any discussion of evaluation techniques or gaining feedback to alter or change existing communications tactics. This theme breaks into six subcategories: formal measurement methods, analysis of staff engagement survey results, difficulty achieving feedback, informal measurement methods, connection to quality of patient care and the importance of the last communications audit.

For each of the channels of communication mentioned above, a major topic of concern for the staff was measuring their effectiveness. At length, the staff outlined their methods of both formal and informal measurement, as well as the difficulty of measuring results. This part of the communications mix seemed to be particularly under discussion and development by the department with the Chief Communications Officer saying, "my current mission is to make everything if not two-way [then to] at least [have] opportunities to get feedback through all of our mechanisms" (personal communication, April 17, 2012, p. 4). The Senior Communications Advisor similarly advised, "we have to

do a really good job of ensuring that we are evaluating our internal communications properly" (personal communication, March 21, 2012, p. 4). It is clear that communications means a great deal to the interviewees because they are so invested in measuring their results and improving their work.

3.1 Formal Measurement Methods

To gain this feedback, several methods of formal measurement were mentioned. The Chief Communications Officer elaborated on these methods. "We do things like focus groups when we want to know something...We have, you know [a] staff survey so that a macro level you're getting feedback. We're shortly hopefully going to launch our first blog where we'll have the comment feature on so people can talk. We have some internal platforms that IT has purchased that allow discussion groups and chat groups and we have not yet used those. ... Then we do have a town hall and we're actually doing a lot to try and get questions, more questions and answers in that mechanism. And we're also looking at things we can do on the intranet where we take questions and answer them so that people have multiple ways that they can get answers to questions" (personal communication, April 17, 2012, p. 4).

In the digital channels, the Team Leader of Digital Media provided that "we're constantly measuring people's behaviour with our digital channels ... building that into a reporting structure of some kind where we report on a quarterly or ... yearly basis, so that we're continually trying to understand how people are interacting with the digital channels and how that changes. And then ... on top of all of that, we might have specific

reporting going on for a specific campaign" (personal communication, April 25, 2012, p.

7). Unlike other tactics, the digital channels offer an ease of analysis because quantitative

measures can be built into the software. However, 'developing a reporting structure'

remains an additional task that the staff must manually perform.

3.2 Analysis of Staff Engagement Survey Results

One of the formal methods of gaining feedback that the communications staff

employs is the staff engagement survey, which is described in more detail in the

document collection section. In my interviews, the staff mentioned the importance of the

mission, vision and values, as well as specific values such as compassionate care and

social responsibility. The Chief Communications Officer even suggested that the values

are heavily related to the purpose of internal communication by saying, "it's not the

actual purpose of our internal communications to make people good ambassadors for the

brand. It's more to communicate with them about values. How the values, you know

success stories, so how do the values work in real life" (personal communication, April

17, 2012, p. 3). The engagement survey results help show whether this purpose is being

met with questions like, "I can identify and explain the mission & values" and "mission

& values are displayed in actions & decisions" (Metrics at Work, 2012, p. 9). For these

statements, the results showed that 77.9% of respondents agree that they can identify and

explain the mission & values and 76% agree that the mission & values are displayed in

actions & decisions (Metrics at Work, 2012, p. 8). Other indicators of communications

success also appeared in the results. For example, 66.5% of staff agree that they are

informed about decisions that affect their work and 65.8% agree that enough

organizational information reaches their area (Metrics at Work, 2012, p. 9). These results show relatively strong engagement with St. Michael's Hospital as a workplace, which could be an indicator of successful communications. It is impossible to draw a causal link between these scores and successful communications; however, these numbers can act as a possible indicator.

3.3 Difficulty Achieving Feedback

Although feedback is acknowledged as an important component of the communications plan, it is not always easy to achieve. The Chief Communications Officer outlined, "basically all of our communications has to be about informing and then getting feedback and informing and getting feedback. And that's an area that we're probably not as well-developed at" (personal communication, April 17, 2012, p. 2). When asked how they measure the effectiveness of the newsletter specifically, the Manager of Media Strategy replied, "that's a very good question. It is a good question and I don't have an answer to it yet" (personal communication, April 25, 2012, p. 5). She also discussed that, "I think almost the really bigger challenge ... is what do people read? And how do they read it?" (personal communication, April 25, 2012, p. 2). Measuring the effect of digital signage can be similarly difficult. The Team Leader of Digital Media said, "They're very hard to measure quantitatively" (personal communication, April 25, 2012, p. 7). Overall, the Senior Communications Advisor addressed the difficulty in receiving feedback by saying, "there's a real diverse grouping of staff, and it's challenging to ensur[e] that they're consuming the information that you're presenting them" (personal communication, March 21, 2012, p. 2). This problem is further

exasperated by the busy culture of the hospital, where the audience may not have time to give formalized feedback to the department.

3.4 Informal Measurement Methods

To deal with the difficulty in gathering formalized feedback, more informal measures are also used by the staff. The Chief Communications Officer said, "there's individual measures all the time, so town hall here, when you don't have enough people going to town hall, you need to figure that out ... right away. You can't wait for three years, you have to do it right away. So I think that there's kind of a combination of measuring and monitoring that you're doing" (personal communication, April 17, 2012, p. 8). In the case of the newsletter, the Manager of Media Strategy said, "we're relying on sort of anecdotal feedback and we know that people like the new look of it and all that sort of stuff. But I'm very much in the process" (personal communication, April 25, 2012, p. 5). For informal feedback, the Senior Communications Advisor also said, "we also look at qualitative measures, so for example attendance at an event, or anecdotal responses from staff" (personal communication, March 21, 2012, p. 2). In this way, anecdotal evidence and other informal measures can act as a measurement tool when more formal methods are unavailable due to timing or other constraints.

3.5 Connection to Quality of Patient Care

One method of informal measurement for internal communications is the success of the hospital and patient care itself. Some of the staff believe that effective internal communications can help the hospital reach its overall goals. In this way, the success of

the hospital as a whole can be a loose indicator of the success of the communications. As the Chief Communications Officer said, "the organization can't be successful unless the communication is good" (personal communication, April 17, 2012, p. 7). She also elaborated that "communications is very much linked to engagement and engagement is very much linked to the quality of care that patients get here" (Chief Communications Officer, personal communication, April 17, 2012, p. 1). The Manager of Media Strategy was more specific in her appraisal of how patient care and communication are connected. She said, "if as a nurse, I don't know that the MRI is not working, it may be difficult for me to do my job as a caregiver to a patient" (personal communication, April 25, 2012, p. 1). In this way, the staff have some tentative agreement with Tsai and Wu (2011) that there is a link between communication and quality of health care, which can help act as a constant gauge of communications. However, the Manager of Media Strategy pointed out that this connection can be quite detail based, rather than an overall coorelation.

3.6 Importance of Communications Audit

Lastly, both the Senior Communications Advisor and the Chief Communications Officer outlined the importance of a communications audit done in 2005. The Senior Communications Advisor said, "overall in terms of communications as a whole, we often fall back to the last report ... so we haven't done anything since then really to get that two-way feedback. We get it sort of in pieces, so from our various campaigns, we know what worked well and what didn't. But beyond that we don't really have a mechanism in place as it stands right now to on a regular basis evaluate and get that feedback" (personal communication, March 21, 2012, p. 3). The Chief Communications Officer echoed,

"honestly, you could write exactly the same audit today" (personal communication, April 17, 2012, p. 6). In this way, the audit is still considered a useful tool in evaluating the internal communication at St. Michael's Hospital.

4. Future Direction

The final category of my results is future direction. Future direction is defined as suggestions for improvements or growth to internal communication. In addition to some of the specific feedback I mentioned above, some of the staff members also provided more general feedback for future development. For instance the Team Leader of Digital Media said, "there's some room ... for maybe more focus, let's say, like in certain areas and using certain channels or ways more effectively than we are now" (personal communication, April 25, 2012, p. 9). The idea of growth is something the staff mention often and it appears that change is on the horizon. The Manager of Media Strategy pointed out, "I think we're doing a lot of foundational work that will make [the internal communications] very effective" (personal communication, April 25, 2012, p. 6). Lastly, the staff emphasized that two-way feedback needs to be improved. The Chief Communications Officer said, "I have to constantly badger everybody about... making communications two-way" (personal communication, March 17, 2012, p. 4). The Senior Communications Advisor suggests one way to do this is "to do another audit and look at our audiences within the hospital and how to best communicate to them and what works and what doesn't" (personal communication, March 21, 2012, p. 8). Thus, the staff suggest that they are moving towards tailoring, refining and measuring their current

communications tactics, as well as adding new social media and collaborative tactics to

increase two-way feedback.

Discussion

Overall, the reporting structure I have outlined above shows a process of planning, implementation, feedback/improvement and plans for future direction. In planning, I witnessed a combination of structured planning and less formal emerging guidelines. For implementation, the staff discussed several tactics and channels for communicating messages, along with their strengths and weaknesses. Feedback/ improvement was one area that appeared under development and seemed to be a challenge at times for staff. To deal with this challenge, both formal and informal methods of measurement are used to gauge the effectiveness of their work. Lastly, under future direction there was discussion about the need to increase two-way feedback and a potential move into more social media.

Although more simplified than Williams' (1992) Model of Internal Communication in Adaptive Communications Systems, many of the trends I witnessed in my results reflect the components that Williams and other scholars find most important to internal communication. At the top of his model, Williams places the mission, vision, values, philosophy, creed or beliefs and he notes that they are, "an important first step in providing organizational leadership and identifying corporate culture" (Williams, 1992, p. 10). My results show that planning and definitional documents like the mission, vision, values and strategic plan are in fact important documents in the organizational sense making process. These documents, which reference communal values at St. Michael's, are a first step in allowing communicators to formulate plans and develop targeted communications for the staff. In fact, Williams goes as far as to say that the mission,

"identifies the organization's self-concept for employees" (Williams, 1992, p. 14). At the same time, social identity theorists agree that written statements aid in identity formation for staff members (Ravasi & Schulz, 2006).

This idea of self-concept is very connected to the social identity field in which one's professional identity is one of "many nested identities" that fit together to create a person's overall social identity (Hennessy & West, 1999, p. 364). These identities are partly based on shared values that differentiate the in-group from relevant out-groups. As Hitlin says, "Individuals' values, deeply personal but socially patterned and communicated, are essential for understanding personal identity and offer us the ability to identify empirical links between self and social structure" (2003, p. 119). Thus, the organizational values that Williams believes are critical to internal communications are also supported in the social identity theory research, which contends that group identity is built around shared group values. When these group values are considered salient, they become personal values and an extension of the self-concept (Hitlin, 2003). As a result, "that identity not only structures the psychology of individuals (e.g. their beliefs, attitudes and intentions) but also allows that psychology to be translated into the structures and products (e.g. the plans and visions, goods and services, practices and institutions) that are the material building blocks of organizational life" (Cornelissen, Haslam & Balmer, 2007, p. S5). In this way, a shared understanding of organizational values is critical for the communications staff because they must broadcast these values to the employees at large. At the same time, in an organization where the values are "not just plaques on the wall", (personal communication, April 17, 2012, p. 3) generating buy-in or 'engagement'

on these organizational values is critical. The staff in the public affairs and communications department are working toward this end through internal communications. For instance, the Chief Communications Officer provided, "what you really want to have is staff that are engaged in the work that you do. And I think in hospitals that may be even more important because the service we offer is very much dependent on people. So in order to have staff engaged, the literature I've seen certainly shows that communications is ... an important element of staff engagement" (April 17, 2012, personal communication, p. 1). This idea of engagement is critical because my interviewees and some scholars agree that engaging the staff in organizational values may help to increase the quality of patient care (Tsai & Wu, 2011). In this way, successful internal communications may be translated to meaningful results for the hospital as a whole.

The concept of engagement is one that was described by the Chief Communications Officer as a main goal of internal communications. Although it was outside of the scope of this research to do firsthand interviewing with members of the staff at large, some of the information gained in the staff engagement survey reflects directly on social identity. In particular, 70.5% of staff feel they are personally involved in the organization and 73.2% feel a strong sense of belonging (Metrics at Work, 2012, p. 6). Of the staff, 78.2% would recommend the organization to a friend as a great place to work (Metrics at Work, 2012, p. 6). The report's definition of organizational engagement further explains how it relates to, "employees' perceived relationships with their organization, which is primarily reflected in the form of emotional commitment to the

organization, a willingness to remain (or, conversely, a lack of interest in leaving), and a sense of belonging to the organization" (Metrics at Work, 2012, p. 6). These results suggest an attachment to the organization that goes beyond professional and becomes 'personal'. In this way, engaged employees may carry their professional identity as part of their personal social identity. When employees connect with an organization, they internalize it as part of their identity and are proud to be associated with the group (Tajfel & Turner, 1979). These statistics can be partly seen as a reflection on the internal communications that keep the staff informed and share values such as pride of achievement.

As discussed in the results section, the staff discussed how organizational folklore seems to be a way of understanding and explaining the unique qualities of this organization. Although a specific comparison group was not mentioned, it seems likely that other hospitals or other large organizations are the point of reference for these observations on what makes St. Michael's Hospital unique. In this way, a pattern of social comparison can be recognized, in which the out-group is seen as less desirable than the in-group. The principle of optimal distinctiveness argues that people choose to associate with smaller groups in order to maintain the most distinct personal identity (Callan et. al, 2007). This tendency can be seen particularly in research in a hospital setting, where employees were connected to their unit or section of the hospital (Callan et. al, 2007; Hennessy & West, 1999). These subgroups can present a challenge that makes creating a cohesive corporate culture more difficult. At St. Michael's Hospital, the communications staff reveal that although subgroups exist, the overarching identity is strong. In this way,
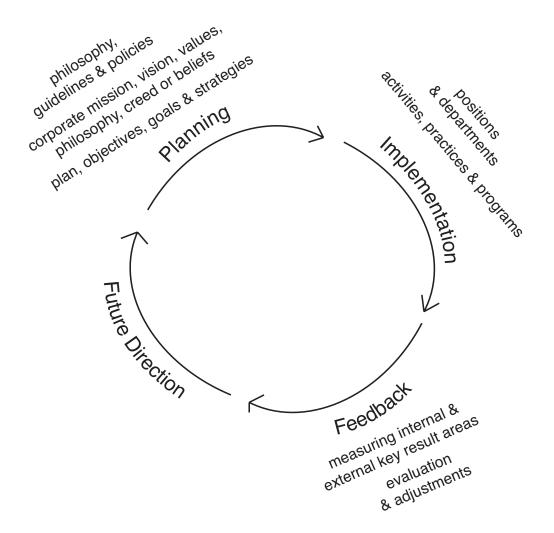
the strong organizational values and influence of folklore may act as a binding agent for the staff as a whole.

My analysis of the *In Touch* monthly newsletter illustrates how the communications staff not only speak of values and organizational folklore, but they also share them with other staff. For instance, the use of the angel photo itself is a form of organizational folklore that does not require textual explanation. Instead, the significance is communicated visually. In the newsletter text, the notable focus on 'pride of achievement' also relates to the idea of social identity cohesion. The content of the newsletter takes information from many areas of the hospital and the research institute and shares them with the community as a whole, while presenting them as a group accomplishment. These examples of achievements can help give employees information to back up their positive self-identity, reassuring them that working at St. Michael's is a positive addition to their overall identity. Stets and Burke say that "one's self-esteem is enhanced by evaluating the in-group and the out-group on dimensions that lead the in-group to be judged positively" (2000, p. 225). When employees see positive stories about St. Michael's Hospital, these stories help them to judge the hospital positively and employees may "seek to maintain their position within the group" (Terry, 2003, p. 27). In this way, the focus on pride of achievement in the newsletter can work to enhance the status of the overall group, thereby fostering pride and engagement in staff members. Conversely, my analysis showed that medical and research achievements were considered 'high value' content and were most often featured in the newsletter. If certain staff groups are routinely left out of the newsletter, they may start to feel like an invisible part of the

group and band together more strongly with a smaller group. Although many important

achievements are already being shared, including some from a wider range of staff

members could help to increase cohesion and staff identification with the hospital.

Visually, the connection between Williams' model and what I have developed

above can be represented in the graphic below.

Figure 1
Internal Communication at St. Michael's Hospital

In this graphic, several of Williams' categories are grouped within each category of planning, implementation and measurement. Firstly, the planning communication category contains Williams' corporate mission, vision, values, philosophy, creed or beliefs, as well as internal communication plan, objectives, goals and strategies and internal communication philosophy, guidelines and policies. These are grouped because they were discussed largely in relation to how they help set the groundwork for communication at St. Michael's Hospital. He suggests that, "a communication plan must be created which contains specific goals or objectives and an action plan to actualize the plan" (Williams, 1992, p. 15). This type of activity can be exemplified in the Chief Communications Officer's remarks on creating a framework that also has smaller tactical goals to accomplish (personal communication, April 17, 2012).

In regards to planning, Williams is a strong proponent of structure that allows employees to also exercise their own individual judgment. He discusses how over-management or too much formality can damage communications and prevent employees from being able to do their work (Williams, 1992). For the public affairs and communications team, a balance between formal and informal planning appears to exist, where tactical plans are created, but smaller decisions are sometimes left to 'editorial judgment' from a highly competent staff.

In the Communication Implementation category, I have grouped positions & departments and activities, practices & programs. Williams notes that it is important that there be a specific high-level department for communications to show the importance of communications at an organization. At St. Michael's Hospital, this is true, with the

department of public affairs and communications set out separately, as well as the Director of Communications recently being promoted to the executive level. Next, activities, practices & programs would contain the communications channels and print, digital and face-to-face tactics that I discussed in the results section. According to Williams, "to be effective, communication systems must use a variety of channels of communication to achieve upward, downward, and horizontal communication" (1992, p. 22). At St. Michael's Hospital, my results show that downward communication is probably the most simple and prevalent method of communicating with the staff. At the same time, the staff are working on ways to increase upward communication as much as possible. Horizontal communication appears to happen less formally and often face-to-face with other members of the department.

Lastly, under measuring internal communication, I have placed Williams' internal communication evaluation & adjustments and measuring internal & external key result areas. He says that, "progressive, adaptive organizations are process oriented and know that change is the norm" (Williams, 1992, p. 24). He specifically recommends communications audits and focus groups as two methods of measuring communications success (Williams, 1992). In my research, both of these tactics were discussed as measurement tools. The communications staff at St. Michael's Hospital also acknowledge that obtaining feedback can be difficult and that it is a work in progress. For example, two staff members discussed how the last communications audit is now seven years old. Incorporating a formal audit into the plan would help to keep the feedback relevant and ensure that change is continually being made.

In regards to measuring internal and external key result areas, Williams refers to them as the " 'bottom line' of the organization" (1992, p. 13). In the case of St. Michael's Hospital, the bottom line is quality patient care, in which patients thrive and are satisfied with their care. At St. Michael's, the communications staff see quality of care as a loose indicator of communications success and an important overall purpose to consider.

Altogether, the internal communications at St. Michael's Hospital fit well into Williams' model of internal communication with their focus on planning, implementation and measurement. However, one category that was not discussed in my interviews is the influence of communications training for the department. Williams believes this is important in order to keep improving the skills of the staff over time, especially as technology evolves quickly (1992). Training may certainly exist at the organization, but may not have been mentioned in my interviews. However, if it does not in fact exist, formalized training could help grow the skills of the staff even more.

Conclusion

In a complex hospital environment, internal communications become extremely important not only for maintaining work flow, but also for creating a cohesive group culture. Especially in a setting where staff identities can be fractured, communicating core values and sharing pride of achievement can help increase staff engagement. This is important because engaged staff are able to internalize their professional identity as part of their overall core identity (Tajfel & Turner, 1979). The public affairs and communications staff at St. Michael's Hospital do this through print, digital and face-to-face tactics. At the same time, their work is in a state of evolution as technologies change, tactics are measured and new methods of communication are introduced.

In this research, interviews and document analysis provided information to analyze the purpose and effectiveness of internal communications tactics at St. Michael's Hospital. The result is a model (Figure 1) of how these processes work together to spread necessary information and reinforce brand identity. The model consists of planning, implementation, measurement, as well as plans for future growth. Although this research offers some interesting data, it is merely a starting point for analyzing the internal communications at St. Michael's Hospital as a whole. In the future, a more broad study of other groups in the hospital would be recommended to add to this analysis.

This research began by using Williams' (1992) model of internal communication in adaptive communications systems as a starting point. However, I have not addressed whether St. Michael's Hospital is in fact an adaptive communications system under Williams' definition. One key feature of an adaptive communications system is the equal
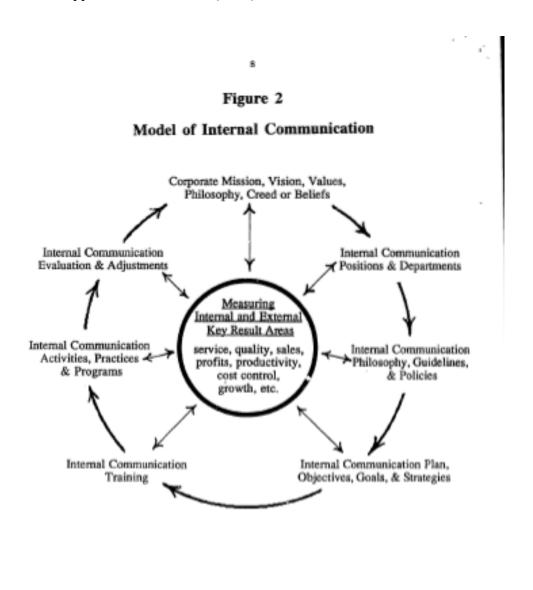
balance given to planning and execution, avoiding plans that are never realized and executions that are never planned for (Williams, 1992). My interviews show that planning is an important part of the communications strategy at St. Michael's Hospital, although planning can take place at a slower rate than the staff would prefer. For instance, the importance of the 2005 communications audit shows how changes in execution can be difficult to achieve. In this way, the planning and execution at St. Michael's Hospital can be seen as relatively adaptive in that they are both important, but can have some delays due to the culture.

A second tenet of an adaptive communications system is the value of two-way feedback and measurement of tactics (Williams, 1992). At St. Michael's Hospital, there is obvious difficulty in measuring the effectiveness of internal communications tactics due to many factors. However, the staff's commitment to measurement systems, despite the difficulty in doing so, shows how the organization is working towards adaptivity. In this way, the organization can again be seen as a relatively adaptive communications system.

This spirit of adaptivity is similar to the adaptation that is always occurring in the process of creating and defining social identities. As Fairhurst and Putnam suggest, "organizations emerge as continually reproduced social systems" that are a dynamic and fluid construction of many different roles and identities (2004, p. 10). This production and reproduction process creates a fluidity in how staff's social identities respond to organizational constraints, thereby creating constant change. Thus, it is imperative that an organization communicate adaptively in order to deal with adaptive staff identities. St. Michael's Hospital is working to become an adaptive communications system that

responds to both organizational identity, as well as to the identities of subgroups and

individuals in the system. At the same time, the communications staff are confident in

what makes the organization unique and what does not need to change.

Appendix A: Williams' (1992) Model of Internal Communication

8

Figure 2

Model of Internal Communication

Corporate Mission, Vision, Values,
Philosophy, Creed or Beliefs

Internal Communication
Evaluation & Adjustments

Internal Communication
Positions & Departments

Measuring
Internal and External
Key Result Areas

service, quality, sales,
profits, productivity,
cost control,
growth, etc.

Internal Communication
Activities, Practices
& Programs

Internal Communication
Philosophy, Guidelines,
& Policies

Internal Communication
Training

Internal Communication Plan,
Objectives, Goals, & Strategies

12

Appendix B: REB Letter from Ryerson University

Re: REB 2012-097 Modeling Internal Communication at St. Michael's Hospital

Dear Andrea Williams,

The Research Ethics Board has determined that your protocol does not require its review. On reviewing the submission it appears that this project falls into the category of quality assessment and process improvement. As such REB approval is not required.

If you have any questions regarding your submission or the review process, please do not hesitate to get in touch with the Research Ethics Board (contact information below).

Record respecting or associated with a research ethics application submitted to Ryerson University. Yours sincerely,

Nancy Walton, Ph.D.
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_____

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_____

Appendix B: REB letter from St. Michael's Hospital

From: David Kenney
Sent: Monday, February 13, 2012 4:24 PM
To: Andrea Williams
Subject: RE: Research Approval

Hi Annie,

I took a quick look at your proposal. Since you are only looking at 'publically' available information (public with SMH) and you do not plan on publishing this information outside of the context of your course work, this is more of a QA project that would not require SMH REB approval.

However, as I mentioned, you may need REB approval from Ryerson.

Regards,
David

Appendix C: Letter of Invitation

Project Title: Modeling Internal Communication at St. Michael's Hospital

Dear _____,

This letter of information is a request to participate in a qualitative research study conducted by Annie Williams at Ryerson University. This research is being conducted as part of a Master's Major Research Paper in Professional Communication. The purpose of the research is to define how internal communication occurs at St. Michael's Hospital and to compare it to established theory. Participants are asked to take part in an interview of approximately one hour to be scheduled at their discretion. Participation has been approved by the department. However, there is no penalty for non-participation. Interviews will take place at the hospital or offsite, as directed by the participant. After the interview, there will be no follow-up time requirement from participants. There are no known risks involved in participation in this study.

Participation is voluntary and participants are free to withdraw at any time. During the interview, you are not obliged to answer any questions that you find objectionable or which make you feel uncomfortable. An audio recording device will be used and you will be asked permission for its use on a consent form.

Participants will be referenced by name and job title in the final paper. If participants would prefer to remain anonymous, a pseudonym can be assigned. In this case, only Annie Williams and her research supervisor Dr. Catherine Schryer will have access to actual names. This data will be protected using a password protected word processing file, stored separately from the research. In either case, raw recordings will be destroyed in September 2012.

Research results will be published in a Masters-level Major research Paper that will be accessible in the Ryerson Scholars database. In the future, this data could be used as a secondary source in other studies.

Any questions about study participation may be directed to Annie Williams at 647-464-9623 or Dr. Catherine Schryer at 519-888-4567 ext. 5328. Any ethical concerns about the study may be directed to Nancy Walton, the Chair of the Research Ethics Board at nwalton@ryerson.ca or 416-979-5000 ext. 6300.

This study has been approved to move forward without formal ethics clearance from St. Michael's Hospital's Ethics Review Board and Ryerson University's Ethics Review Board.

Appendix D: Interview Protocols

Interview Protocol (Team Leader, Digital Media)

Hi _____. I appreciate your willingness to meet with me today. As you know, the reason we're meeting is to discuss internal communication at St. Michael's Hospital. Your feedback will be used in my Major Research Paper in Professional Communication at Ryerson University. I have a consent form here that outlines more specifics on the study. Can I get you to read and sign it please? I just want to let you know that you can decline a question at any time. Before we begin, do you have any questions for me?

I'm going to start by asking you some questions about internal communication at the hospital as a whole. Then I'll give you an opportunity to add anything additional.

What is the overall purpose of internal communication at St. Mike's?

In your role, how do you contribute to the department's internal communications?

• Is fostering a cohesive group identity something you think about when planning internal comms?

What are the main challenges of internal communication at St. Michael's?

• Are there subcultures or subgroups that you must target here? Who is your main imagined audience for internal comms?

Digital Communication-specific Questions

How are the digital communications used? What is their purpose?

• How do you select the stories to be featured in in touch daily? screens?

• Are you more ad hoc or planned with them?

Do you receive 2-way feedback on the digital comms? If so, how often? In what way?

How do you measure the effectiveness of the digital comms?

How does the mission, vision, values influence tactics like the digital comms?

• Is there a department-specific philosophy, guidelines or policies that influences you?

• Are there specific planning documents that guide you?

• How important do you think internal comms are to this organization?

Closing Questions

How are new internal communications decided on and implemented here? Is there a specific process?

As a whole, how effective do you think the internal communications are at the hospital?

Before we finish, is there anything else you would like to add to this interview?

Alright, we are finished. I thank you very much for spending time to talk with me. Your input is going to be very valuable to the continuing development of this project.

Interview Protocol (Chief Communications Officer)

Hi _____. I appreciate your willingness to meet with me today. As you know, the reason we're meeting is to discuss internal communication at St. Michael's Hospital. Your feedback will be used in my Major Research Paper in Professional Communication at Ryerson University. I have a consent form here that outlines more specifics on the study. Can I get you to read and sign it please? I just want to let you know that you can decline a question at any time. Before we begin, do you have any questions for me?

I'm going to start by asking you some questions about internal communication at the hospital as a whole. Then I'll give you an opportunity to add anything additional.

Can you outline the overall purposes of internal communications at this hospital?
• How does internal communication relate to quality patient care? Is there a connection?
• Is fostering a cohesive group identity something you think about when planning internal comms?

In your role, how do you contribute to the department's internal communications?

How important do you think internal comms are to this organization?

What are the main challenges of internal communication at St. Michael's?
• Are there subcultures or subgroups that you must target here? Who is your main imagined audience for internal comms?

Department-specific Questions

How do you measure the effectiveness of internal communications here?
• Do you receive or measure 2-way feedback?

Is there any ongoing training in internal comms?

Are you more ad hoc or planned with internal communications here?
• If planned, what planning documents influence your internal communications in the department?
• How does the mission, vision, values influence you?
• Is there a department-specific philosophy, guidelines or policies that influence you?

How are new internal communications decided on and implemented here? Is there a specific process?

How effective do you think the internal communications are at the hospital?

Is there one channel of internal communication that you think is most effective? Why?

Before we finish, is there anything else you would like to add to this interview?

Alright, we are finished. I thank you very much for spending time to talk with me. Your input is going to be very valuable to the continuing development of this project.

Interview Protocol (Manager, Media Strategy)

Hi _____ . I appreciate your willingness to meet with me today. As you know, the reason we're meeting is to discuss internal communication at St. Michael's Hospital. Your feedback will be used in my Major Research Paper in Professional Communication at Ryerson University. I have a consent form here that outlines more specifics on the study. Can I get you to read and sign it please? I just want to let you know that you can decline a question at any time. Before we begin, do you have any questions for me?

I'm going to start by asking you some questions about internal communication at the hospital as a whole. Then I'll give you an opportunity to add anything additional.

What is the overall purpose of internal communication at St. Mike's?

In your role, how do you contribute to the department's internal communications?

• Is fostering a cohesive group identity something you think about when planning internal comms?

What are the main challenges of internal communication at St. Michael's?

• Are there subcultures or subgroups that you must target here? Who is your main imagined audience for internal comms?

Newsletter-specific Questions

What is the purpose of the newsletter?

Can you walk me through the production of a typical month's newsletter from start to finish?

• How do you select the stories to be featured in the newsletter?

• Are you more ad hoc or planned with them?

Do you receive 2-way feedback on the newsletter? If so, how often? In what way?

How do you measure the effectiveness of the newsletter?

How does the mission, vision, values influence tactics like the newsletter?

• Is there a department-specific philosophy, guidelines or policies that influences you?

• Are there specific planning documents that guide you?

• How important do you think internal comms are to this organization?

Closing Questions

How are new internal communications decided on and implemented here? Is there a specific process?

As a whole, how effective do you think the internal communications are at the hospital?

Before we finish, is there anything else you would like to add to this interview?

Alright, we are finished. I thank you very much for spending time to talk with me. Your input is going to be very valuable to the continuing development of this project.

Interview Protocol (Senior Communications Advisor)

Hi _____. As you know, the reason we're meeting is to discuss internal communication at St. Michael's Hospital. And your feedback will be used in my major research paper in professional communication at Ryerson. And you've already signed the consent form. Before we begin, do you have any questions for me?

What tactics does this department use for organization-wide internal communication?

In your role, what tactics for internal communication do you contribute to?

Can you outline the overall purpose of internal communication at this hospital?

Is fostering a group identity something you think about when you're making internal communications?

What are the main challenges of internal communication here?

How do you measure the effectiveness of internal communication?

Do you receive two-way feedback on your internal communications?

How effective do you think the internal communications are here?

Do you have any specific ideas in mind for what the future might look like here?

And in your current tactics, is there one that you think is most effective?

How are new internal communications are decided on and implemented here?

Is there anything else you'd like to add? Thank you very much for your time.

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