Communication in the NHS: using qualitative approaches to analyse effectiveness

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Introduction

There is a growing interest among NHS managers in methods of assessing the quality of communication between themselves and key groups of staff. In part, this reflects the finding that improved internal communications contribute to better industrial relations, fewer strikes, improved productivity, more suggestions per employee, and heightened levels of innovation[1-3]. For example, a meta-analysis of 43 studies into various forms of employee participation in organizations concluded that participation in decision making is among the factors positively associated with increased productivity[4]: a finding which has important implications for how relationships and communication are managed. Growing interest in internal communications is also the result of the transition which most NHS providers have now made to Trust status. This has led to greater operational autonomy. With the expansion of moves towards local pay bargaining it can be anticipated that the pressure on managers to maintain and improve relationships at local level will intensify yet further. Accordingly, Ferlie and Pettigrew[5] have argued that a major transition is under way within the NHS to "network" perspectives of management, in which there is less reliance on managing through formal structures and much more on the role of social relationships, including informal ties. An increased emphasis on communication and communication skills is central to this new focus.

Such trends are not unique to the NHS. A major survey of over 300 organizations during the late 1980s suggested that, while there had been a tendency in many for communication to improve, most employees still felt that senior managers did not understand the pressures of their jobs and did not invest enough effort in improving communication, mostly on a face-to-face basis[6]. In other words, the desire to "hear" and "see" top managers interacting directly with staff is powerful, extends beyond the NHS and requires attention if human resources and organizational development programmes are to achieve their full potential. The question therefore arises: how is this to be accomplished?

Hargie and Tourish[7,8] have argued that one way forward is through the application of a communication audit methodology to the evaluation of information flow between managers and staff. This provides a comprehensive picture of how much information key sections of the organization are receiving

and sending on important topics, through which channels this is realized, the sources from which people commonly hear about important issues, the timeliness with which information cascades from layer to layer, and the levels of interpersonal trust which exist[9]. Such a comprehensive overview provides objective measurements of what is actually happening, as opposed to what managers might like to think is happening. It therefore enables them to craft action plans based on a realistic appraisal of their organization's relational health, and their own performance.

Normally, this process is accomplished by the administration of standard questionnaires[10]. The practice of surveying employees in such forms has been widespread since the 1920s, reaching the point in 1981 whereby 45 per cent of manufacturing firms in the USA were conducting employee attitude surveys[11]. However, the term " communication audit" did not emerge until the 1950s[12]. Although a number of instruments are available[13] the one which is used most widely originated with the work of the International Communication Association in the 1970s, when over 18,000 people in 17 organizations were surveyed as part of the validation process[14]. The ICA approach requires respondents to identify, for example, the amount of information which they receive now and the amount of information which they should receive on key topics (see the Appendix, for an example taken from a typical audit questionnaire). The differences between such scores are then tested for significance. This approach has now been used in a number of NHS organizations. For the first time, a comprehensive picture is emerging of the nature of communication and information flow within broad sections of the organization[15].

However, it is now proposed that this method should be extended, in order to provide managers with qualitative as well as quantitative data on communicative functioning. In particular, it is possible to expand the questionnaire format to include focused open questions which enable respondents to ventilate their views clearly and at length, and in a lively manner which NHS managers find accessible. One of the most difficult challenges for managers in any organization is to secure accurate feedback from subordinates about either the performance of people further up the organization, or indeed about the functioning of the organization itself[16]. There is a disabling tendency for people to ingratiate themselves with superiors by providing positive feedback on decisions made – at least when they are dealing with superiors on a face-to-face basis[17]. However, most managers take such feedback at face value and assume that it is, first, genuinely meant and, second, accurate[18]. Approaches which enable people to sidestep these message distortions are therefore of great benefit to the management function.

For these reasons, it has been noted that there has been an enormous growth over the past two decades in first person descriptions of organizations in the research literature[19]. Many of these have consisted of detailed descriptions of how researchers gained access, combined with quantitative and qualitative descriptions of what they then observed from the inside (see Bryman's[19]

edited volume for examples and discussion). More broadly, it has also been argued that researchers should permit the actual voices of research subjects to be heard, rather than invariably seek to reduce them to quantitative categories. As Burnett[20, p. 121] expressed it:

> By turning persons into research subjects with non-speaking parts in the script of social science, much investigation of interpersonal interaction can seem like an elaborate prologue to a play in which the characters are denied their lines. Unless we let actors say what they mean, then the content of that play is reduced; however elaborate an outsider's commentary on the central action, it is no substitute for the story as told by insiders.

In fact, this dilemma is common to many narrative structures. For example, it is faced directly by novelists. By telling their story, from the outside, they can depict even immature characters from a higher vantage point, surveying the action at all points of the global compass. However, they sacrifice the immediacy, consistency and depth associated with being firmly embedded in one character's psyche. On the other hand, if they opt to narrate in the first-person vernacular of their characters (as Mark Twain did with Huckleberry Finn) the reader is rewarded with a much deeper feeling of living in that character's world, of seeing it through their eyes and of breathing its atmosphere through their lungs. The loss, here, may be in breadth of allusion, although a skilled novelist will succeed in illustrating how the particular viewpoint he or she is representing is part of a wider social landscape, and only makes sense if that landscape is kept firmly in focus.

In consequence, we argue that more attention should be paid to enabling staff within organizations to express directly their feelings and opinions on all aspects of their work, including communication. This need not displace quantitative analysis: however, it should complement such data, by providing lively vignettes of how people interact, and therefore make an important contribution to the diagnostic process. It is up to the researcher to contextualize such narratives, and show how they are but one link in a chain of evidence in whose construction we are all busily engaged. Thus, as Coffey and Atkinson[21, p. 112] express it, the challenge with qualitative analysis is to find a "unit of narrative", what literary critics might call a "point of view" or "tone of voice", which is in turn linked to achieving appropriate levels of generality in subsequent analysis.

With this in mind, there are four of advantages to the use of open questions in questionnaire sampling. These are:

(1) Respondents are allowed " freedom of expression". They have greater discretion on which issues are worth discussing.

(2) Such formats are more likely to allow issues which are specific to that organization to be raised. In our audits, several such problems have been identified, which would have been missed with more standard questionnaire formats.

(3) A communication audit is an opportunity for staff to ventilate both their opinions and their feelings. Open questions are a much more direct means of facilitating this process.

(4) It is a useful cross-check of quantitative data.

Taken together, these factors empower staff to express their views, to participate in the development of a communication strategy and genuinely influence its ultimate shape. Content analysis then permits such input to be analysed for general trends and concrete suggestions.

Proposed open questions
As discussed above, audit questionnaires in the past have relied heavily on a closed question format which can readily be quantified. To strengthen these data, and provide a check for convergent validity, we propose that audit instruments should be developed to include the following four open questions:

(1) List below what for you are the three main strengths in the way people communicate with you.

(2) List below what for you are the three main weaknesses in the way people communicate with you.

(3) It would be helpful if you could describe below one communication experience in your organization. This experience should be one which for you is most typical of communication within your organization. Please answer the questions below and then give a summary of the experience:

- *To whom does this experience primarily relate? (Circle one)*:
  – person accountable to me;
  – immediate colleague;
  – immediate line manager;
  – middle manager;
  – senior manager;
  – person in a department which provides services for me.

- *Was the communication (circle one)*:
  – effective;
  – ineffective?

Describe the communicative experience, what led up to it, what the other person(s) involved did that made her/him an ineffective or effective communicator, and the consequences of what the person did.

(4) List below three changes in the way people communicate with you which would make communication better in your Trust. Be as specific as possible.

It should be noted that the original ICA audit proposes a "communication experience" question similar to that in (3), above. However, the ICA audit recommends such a question for every quantitative section of their questionnaire, so that respondents give detailed examples on every aspect of communication. In our experience, this is an unwieldy and time consuming approach. There is also value in requiring respondents to make a "forced choice" of an experience which best sums up communication for them, since such choices can then be quantified into ratios of positive to negative experiences, and so provide a further indicator of the organization's overall communicative health.

In order to demonstrate the value of this approach, data from an NHS Trust where it has been applied are given below as a case study analysis.

Methodology and sample
A randomized, stratified representative sample of all staff from within the Trust was selected, using the sampling frame devised for such purposes by Hargie and Tourish[7]. All staff within the Trust received a letter from the chief executive informing them that the audit was taking place. Those selected to participate in the audit received a follow-up letter, requesting them to attend selected venues at preassigned times. When they arrived they were briefed by the audit team (who were external to the Trust) on the purpose of the exercise, and completed the audit materials under their supervision.

Utilizing this approach, 164 respondents completed the questionnaire, or 5.5 per cent of total staff within the Trust. Background information obtained shows that this final total comprised 34 staff from an administrative and clerical background, four from works and maintenance, 15 from ancillary and general, 39 from nursing and midwifery, 21 from social work, 14 from professional and technical, and 14 from medical and dental. Twenty-one respondents signified their occupational background as "other", while two did not complete this part of the questionnaire. The gender balance was 31 males and 133 females. The age profile shows the bulk of respondents (59) as being between 31 and 40 years old. Of the total sample, 19 per cent had been in their present posts for less than one year, while 35 per cent had been in post for between one and five years, 25 per cent between six and ten years, 10 per cent between 11 and 15 years and 11 per cent for over 15 years.

Results
The quantitative results from the questionnaire are summarized in Table I. This gives means scores for perceptions of existing communication and desired communication on the following dimensions: information received (2.3 and 3.8); information received from various sources (2.7 and 3.8); information received through various channels (2.4 and 3.7); information sent (2.5 and 3.4); action taken on information sent (2.8 and 3.9); information received on important issues (2.2 and 4.2); and information sent on important issues (1.9 and 2.7). It also records an evaluation of 3.1 for the timeliness of information received and

Topic area	Communication at present	Communication levels desired	P-levels
Information received	2.3	3.8	0.0000*
Information received from various sources	2.7	3.8	0.0000*
Information received through various channels	2.4	3.7	0.0000*
Information sent	2.5	3.4	0.0000*
Action taken on information sent	2.8	3.9	0.0000*
Timeliness of information received	3.1	N/A	
Working relationships	3.3	N/A	
Information received on important issues	2.2	4.2	0.0000*
Information sent on important issues	1.9	2.7	0.0000*
Total	2.6	3.6	0.0000*

Notes:
A scale of 1-5 was used for the scoring system, with 1 representing very poor and 5 very good;
* Denotes those P-levels that are significant at 0.05 or greater

Table I.
Summary of results
from communication
audit

3.3 for the quality of working relationships. The overall mean scores for how communication was at the time of the survey, compared to the aspirations people held for it, were 2.6 and 3.6 – a difference score of 1. All the differences in this table, where they arise, were significant, indicating a major shortfall across all the key areas determining communication effectiveness. In particular, this summary of the data presents a consistent picture of a weak flow of information on crucial issues; a low rate of people sending information (and therefore, by implication, of being involved in the decision-making process); a pattern of information arriving late; and of lower than acceptable levels of interpersonal trust.

These data therefore suggest wide scope for improvement, and serve as useful benchmarks for evaluating subsequent interventions. The issue thus arises: to what extend did the data derived from the qualitative parts of the questionnaire confirm or refute this general analysis?

Strengths in communication
The major strengths identified by respondents tended to revolve around the arrival of relevant information on time. Several cited "openness" on the part of managers: as the following quotations illustrate:

> I have a good, open and approachable line manager.

> My manager ensures that there are regular meetings between us. At these, I generally get to raise issues that are on my mind.

In particular, 39 respondents emphasized the value they derived from direct contact with immediate and middle managers: the emphasis here was on one-to-one or small group meetings of various kinds, which were perceived to have a

high information content. Fifty respondents referred positively to the value of teamwork in general and staff meetings in particular, as the following comments illustrate:

> Staff meetings are very productive. They help you to feel that you have a better idea of what everyone else is doing.

> It is very important to feel that I am part of a wider team, and I find team meetings very helpful in my work.

This corroborates a repeated finding in our audits: whatever the overall view which people take of the organization, there is a tendency to hold more positive attitudes towards immediate line managers. This is an important strength, since research suggests that commitment to supervisors is positively related to performance, and is in fact a more important factor in raising performance than commitment to the organization[22]. In short, steps to strengthen relationships between immediate supervisors and staff are likely to yield strong dividends. Commitment to "the organization" is abstract for most people, and only has power when personified.

Of the respondents, 34 referred to the receipt of good quality written information on such issues as Trust status. However, several went on to say that although the written communication which existed was good, there was also a need for much more. Just over 10 per cent of respondents felt that on many occasions they received clear and concise information on issues of importance. Only three respondents highlighted the benefits of obtaining information with pay slips, a widely used practice within the Trust concerned, while only two respondents thought road shows important enough to mention.

Summary. Overall, the real strengths which were identified focused overwhelmingly on the effectiveness of face-to-face communication, both within work teams and between staff and managers. This underlines the importance and value of effective communication between staff at all levels. There was also an appreciation of good quality written communications, although it appears from this survey that this has less impact than face-to-face interaction on crucial management topics. As these data illustrate, the content of what people say (when given the chance!) is often illuminating, while it can also be quantified in the form of frequency counts to provide further benchmarks for assessing future performance.

Weaknesses in communication
Respondents were generally much more forthcoming about what they perceived to be the weaknesses of communication within the Trust. The following recurring patterns were found:

(1) The most widely reported problem concerned perceived levels of communication from senior management: an issue raised by 110 respondents. The following excerpts from a representative sample of comments illustrate the point:

> Senior managers are invisible people. Many staff do not know what they look like or in some cases their names … There has been a serious lack of communication for the last 2-3 years… Our line managers don't know what is going on. Staff organisations are met with only when they make the contact and request. Senior managers are never seen unless something goes wrong. Senior managers do not communicate openly about problems such as cuts. You are left on your own to face front-line complaints.

Thirty-three respondents had the perception that senior managers were not always completely open and honest. Ten recorded their view that senior managers generally failed to respond with information and had to be hounded.

Having noted this, there was also some suggestion that senior managers themselves had perhaps less power and information than was commonly supposed. A senior manager observed:

> People assume I am more informed about most issues than is often the case.

This observation has now been found in many audits, which suggests that levels of information flow often need to be improved within the management cohort itself, as well as more widely within the organization.

(2) Widespread concern was expressed about a perceived lack of consultation on change issues, a theme touched on by 48 respondents. One commented:

> Changes are often made without discussion/consultation – we are just told the decision has been made.

A respondent who was also a consultant noted what she termed:

> total lack of involvement in planning of service delivery by myself or my team.

Linked to this was the repeated view, as one respondent put it, that:

> Senior managers are not prepared to listen to what people have to say.

Eighteen respondents criticized the language used by senior managers. Several complained of "jargon", with one describing it as:

> …pseudo intellectual waffle which makes no sense and has less relevance.

(3) Many of the responses made it quite clear that there was a widespread anxiety about the then imminent transition to Trust status, combined with a view that a wholly inadequate flow of information had been maintained about the issue. This issue was raised by 65 respondents. Given that this survey was conducted in 1996, after the NHS had accumulated considerable experience of managing such a transition, it is alarming to find that Trusts are apparently repeating mistakes made years ago and needlessly creating anxiety in their workforces.

(4) Thirty-nine respondents complained of insufficient two-way communications and, in particular, the lack of time allowed for staff meetings. However, when these meetings did occur they were widely

reported as being productive, useful and supportive of the development of a team ethos. Our surveys suggest that there is still widespread resistance within the NHS to allowing many staff the time for staff meetings to discuss work-related problems. This is clearly incompatible with the creation of a culture in which everyone is committed to the development of the organization and a quality-focused ethos. These data would suggest that steps should be taken to remedy such weaknesses, and that initiatives to improve participation in team meetings would greatly extend a feeling of empowerment.

(5) Repeated concerns were voiced about the timeliness of information received. Twenty-four respondents complained that information generally reached them too late, while a further 14 complained specifically of what one called "horrendous delays in the internal post". Again, such concerns replicate other surveys in the NHS, and seem to indicate a widespread practice which is at odds with the declared management goals of empowerment and creating a generalized interest in quality assurance.

(6) Nineteen respondents complained of having to rely excessively on the grapevine, reinforcing the strongly expressed desire for more regular, timely and thorough communication from senior management through the appropriate formal channels.

(7) Sixteen respondents noted that they felt part-time staff were often excluded from the information loop, and not taken sufficiently seriously because of their part-time status.

(8) Twelve respondents complained that the information attached to pay slips was often insufficiently detailed to explain the issues concerned.

(9) Seven respondents reported that a lack of communication between departments was causing intense problems.

(10) There was some obvious distress at what was perceived to be an endless flow of bureaucratic information, not always related to real tasks and challenges. One respondent expressed her feelings thus:

> There are reams and reams of paper work, of red tape and rerecording, of faxing the same information over and over again, up and down between agencies and managers and workers. It is very frustrating.

The feeling of frustration was palpable. The same person goes on to comment critically on managers:

> not listening, being dismissive, and keeping important information to themselves.

Summary. The comments obtained suggest high levels of dissatisfaction, stretching across almost all staff groups within the Trust. People felt that they received very little information, that it was often not in time, and that they had insufficient contact with senior managers. They also felt excluded from consultation about important decisions concerning their work. This latter

feeling is also one which we have encountered repeatedly during audits of communication in the NHS: it is therefore emerging as a core organizational problem, requiring remedial action.

These negative feelings extend to managerial staff. As one middle manager commented:

> Communication is poor. No one appears to know what is happening from the top down. There appears to be no organised communication – i.e. meetings, team briefings, etc.

Key reported communication incidents – positive

A total of 21 people reported communication experiences which were positive, and which for them summed up the nature of communication within the Trust. Comments made included the following:

> Communication was open, honest and useful.

> Communication from senior managers is good.

> I had a very good meeting with my manager, who is organised, has clear facts, and who sticks to an agreed agenda.

> When we have team meetings they are to the point and I find them very useful indeed.

Examples given encompass the effective resolution of disagreements, and open communication from middle managers concerning staff redeployment.

Summary. These examples, and the comments made, suggest that when effective communication occurred it was noted and appreciated by staff. It is clear that there were instances of open, honest communication, and that when this was on a face-to-face basis it was highly regarded by staff. Staff meetings and team meetings attracted particularly favourable comments.

Key reported communication incidents – negative

A total of 99 negative examples was reported. This is a ratio of five to one negative to positive examples of defining instances of communication within the Trust. Normally, it could be expected that negative incidents should be no more than 50 per cent of the total, in an organization where communication was functioning moderately well, with a tendency for this percentage to shrink in repeated surveys. Such a 50/50 split would be in line with what probability theory suggests is likely to arise by chance. Our research has found that in the NHS, typically, the ratio of negative to positive instances tends to vary from between two to one to six to one. This Trust is therefore at the poorer end of the continuum: however, no survey which has used this method has yet reached the 50/50 level suggested as indicating a modest level of effectiveness!

In this case, the themes identified related overwhelmingly to three main issues: lack of communication about important issues; a desire for more team meetings; and the timeliness of information received. These are discussed in detail below.

Lack of communication about important issues. There was a perceived lack of clear communication about job changes, or arrangements that have been made.

This issue was raised by over 83 of the respondents. The most widely raised issue of concern was the imminent transition to Trust status: an issue touched on by 74 of the respondents. The general tenor of the comments was summed up by one respondent thus:

> Please give us more information on Trust status as everyone I meet including managers just says: it is like an 8-foot brick wall and there could be a 50-foot drop on the other side.

Trust status emerged as by far and away the greatest source of uncertainty within the organization, and an issue which has highlighted the deficiencies in current communication practice.

Several complaints were made of staff being told meetings would be held to discuss issues, and then not being convened.

Dissatisfaction extended to managers themselves. A first line manager recounted:

> Recently we were instructed to cut home help hours by 100 per week for 8 weeks – a definite cutback in service to those in need! Newspapers carried articles about "retargeting", "redistribution of hours". This was misleading and caused a lot of stress for staff who had to carry out reassessment and "cuts". People were not correctly informed.

Another respondent referred to the same incident, and said that:

> Senior management only came to talk to people when the exercise was well under way. There was a lot of resentment that we were left on our own to figure problems out.

A desire for more team meetings. A widespread general desire was expressed for more team meetings and team briefings. This issue was raised by 52 respondents. As one put it:

> We never have any manager-staff meetings. Information regarding changes, Trust status, etc. is passed from middle or senior management to my line manager. He then circulates the memo, but there is never any explanation or discussion held to listen to any worries that staff may have.

Another reported that regular monthly meetings had been scheduled, but were then frequently cancelled, without proper notification.

The timeliness of information received. Of the respondents, 26 gave examples pertaining to information not arriving on time. A porter commented in exasperation:

> It's all too typical. We don't receive information on time, or it's the wrong information, and then they crack up about something we didn't know about.

Summary. The negative incidents recorded refer to a general lack of information, and low levels of consultation. They thus echo the points made in the comments offered when respondents were asked to evaluate the weaknesses of communication within the Trust. Again, most negative comments were aimed at senior management, while the greatest perceived need was for increased face-to-face communication, within work teams and between such teams and management. The comments made in this section appear to suggest

that high levels of uncertainty about Trust status were still rampant when the survey was conducted.

Suggestions for improvements in communication
As might be expected, staff were less clear in their suggestions for how communication might be improved, than in their fervent identification of the problems. Only 87 respondents provided suggestions. Nevertheless, the following ten proposals emerged:

(1) Echoing the themes identified in the above discussion, there was a persistent request for more direct contact between people, face-to-face or by phone, or in the form of staff meetings. Such suggestions emerged from staff in all locations and in all levels of responsibility within the Trust: in total, from 44 of the sample. As one respondent put it:

> We need regular staff meetings with managers willing to listen to problems raised and act upon them to find a solution, rather than leaving things to see what happens and hope staff will cope.

(2) It was noted above that senior management tended to be perceived as too removed from contact with staff. It is not surprising, therefore that many respondents – 44 of those who completed this section – suggested more meetings with senior management. As one expressed it:

> Senior managers should meet with staff more regularly so that those of us at the coal face can identify more easily with senior managers. Senior managers are at the moment unknown people who sit in offices and issue instructions regardless of the consequences.

Another requested what they described as:

> Greater openness in relation to the problems being experienced by senior managers and the seeking of ideas from middle managers to solve some of the difficulties – in short, honesty and acceptance that management will not always be right.

More clarity was also requested as to the organizational structure and on the exact responsibility of senior management. As one respondent put it:

> There are many people more important than me but I have no idea what their role is in the overall team.

(3) Twenty-five staff expressed the view that staff in general and managers in particular should be trained in communication skills. Eleven staff were particularly critical of communication from senior managers when delivered verbally, describing it variously as "incoherent", "poorly presented" and "poorly structured".

(4) Nineteen respondents requested that people be informed of proposed changes directly – before they read about it in the press. Obviously, the media occasionally hears of issues before a Trust's own internal communications machinery swings into action: nevertheless, when this occurs, these data suggest that it has a demoralizing impact on the staff concerned.

(5) Echoing the view that people were insufficiently consulted about proposed changes, 13 respondents suggested much more extensive consultation. As one put it:

> Please explain the reasons which motivate changes and the actual impact they will have on us. It would be nice to be consulted before change, something which happens all too rarely.

(6) Nine respondents suggested more relevant and targeted information with pay slips.

(7) Several respondents requested more bottom-up communication. In particular, seven respondents suggested a nominated person in each area to be the information source and general contact person on communication issues. This practice is, in fact, gaining ground within the NHS[15], and its effectiveness should be evaluated more widely.

(8) There was a widespread desire for more seminars on how it was envisaged that Trust status would now impact on the organization – talks, videos, etc.

(9) Five staff suggested a reduction in what they described as "junk mail on non-relevant issues", while a further three urged that information should be presented in a more accessible form.

(10) More staff involvement in decisions was requested. One respondent observed:

> Being afraid of decisions already made reduces your feeling of control within the organisation.

Summary. The central theme here is an urgent desire for more communication and a wider flow of information within the Trust. The need for improved face to face communication was particularly acute, through more meetings with senior managers and more effective systems for staff meetings to discuss work-related issues.

Conclusion
The overall tenor of the open questions is clearly negative. Positive communication occurred, was noted by several respondents and was appreciated when it happened. However, the overall weight of the evidence was that such instances were outnumbered by defective communication episodes, which tarnished the image of senior managers and contributed to a degree of alienation from the decision-making process.

More positively, ample scope was also identified for improvements. It would appear that relatively simple measures, primarily to improve face-to-face communication, would greatly reduce the existing levels of dissatisfaction.

It should also be noted that the quantitative data here strongly supported and reinforced the quantitative data which were derived from the main part of the questionnaire, which were in themselves in line with data gathered in other

audits of NHS organizations (e.g. [10]). This suggests that the qualitative approach can indeed serve the function of convergent validity[23], in which data which replicate those derived from other validated instruments are assumed to have their own validity confirmed. In addition, the form that it takes in this discussion brings communication issues within the organization into a sharper and more recognizably human focus. An alternative method, commonly employed to achieve these ends, is the use of focus groups[24]. However, it is often difficult to overcome group consensus biases in such contexts. The advantage of the method outlined in this paper is that respondents are free of the contamination effects which result from discussing their emergent views with others, while at the same time they continue to provide extensive qualitative data of a kind which managers normally find inaccessible. This is a rich seam of information, and its further exploration is timely in today's NHS.

Such data are best viewed as a useful supplement to quantitative data rather than a substitute for it. Quantitative data are useful for identifying general trends, processes and problems, and for benchmarking against future evaluation. Qualitative data can identify new problems, but also illuminate communication climate in terms of accessible accounts of how real people interact with each other and the wider organizational system.

It is therefore contended that the approach outlined in this case study enables researchers and practitioners to combine the advantages of both normal questionnaire sampling and focus group research, while escaping some of the problems often found with the latter.

General discussion
Communication is set to increase in importance in most organizations in the years that lie ahead. In particular, all organizations are under continued pressure to change. The success or failure of such ventures rests largely on the extent to which change messages are interalized by the staff who constitute the backbone of the organization[25]. Yet, as Strebel[26] argues, managers and employees tend to view change differently as a matter of course: for one it is an opportunity, while for the other it is often a threat. Managers must learn to close this gap by putting themselves in their employees' shoes, and changing their approach to relationships and communication accordingly. This is a manageable task. As noted above, the data contained in this paper suggest that superhuman efforts are not needed to improve communication climate: people want and appreciate simple measures, mostly concerned with improving face-to-face communication. However, securing a consistent match between words and actions is most certainly a challenge, and often constitutes a major difficulty for management teams coming fresh to this issue[27].

Despite such imperatives, Ellis *et al.*[28] have noted that the literature on communication auditing is sparse. In like vein, a recent review into the effect of human resources management (HRM) on productivity makes the point that HRM generally focuses on rewards, appraisal, selection and development[29]. Given the data discussed in this paper, it is surprising that internal

communications does not feature on such lists as a matter of course. As part of such a focus, this paper remains clearly in favour of auditing communication within NHS. However, it also argues that the effectiveness of such approaches is sharpened when standard quantitative measures are supplemented with questions which yield qualitative data, thereby enabling respondents to discuss their experiences and offer suggestions at length in their own words.

In addition, the examples given in this paper are, in our experience, representative of a great deal of communication problems between managers and staff within the NHS at present. They correlate closely with quantitative data which have been examined elsewhere and are indicative of the most common underlying problems which NHS managers face when they begin to grapple with the challenge of improving communication (e.g. [10,15]).

An obvious problem with auditing communication, in this or other forms, is that the feedback which results deals with such highly sensitive issues as how people interact with each other, how they perceive themselves and how they are perceived by others. It is well known that most of us have a much more favourable view of our communicative competence, the extent of our influence within groups and the scale of our contribution to decision making than is supported by objective observation[30,31]. As Badaracco[32] points out, this means that the results of a communication audit are often open to political interpretation, and may on occasion lead to a message recipient opting to shoot the messenger, rather than contemplate personal change! Notwithstanding this problem, the capacity to accept that problems exist is a defining feature of mature management. Without this, organizational development will be limited and the long-term prognosis poor.

Research is now under way, to further clarify the overall nature of communication within the NHS. Thus, it may become possible to identify similar problems and constraints at many levels of the organization, along with models of good practice. In turn, this could make a vital contribution to the development of realistic standards for effective communication, capable of moving the whole NHS forward.

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Appendix. Example of quantitative closed question section taken from communication audit questionnaire
How do you feel about the amount of information you are receiving?
For each area listed below please *circle* the number which best represents the amount of information you are receiving now and the amount you feel you need to receive to do your job most effectively.

Topic area	This is the amount of information I receive now VL L S G VG	This is the amount of information I need to receive VL L S G VG
My performance in my job	1 2 3 4 5	1 2 3 4 5
What is expected from me in my job	1 2 3 4 5	1 2 3 4 5
Pay, benefits and conditions	1 2 3 4 5	1 2 3 4 5
Things that go wrong in my organization	1 2 3 4 5	1 2 3 4 5
Performance appraisal systems	1 2 3 4 5	1 2 3 4 5
How problems which I report in my job are dealt with	1 2 3 4 5	1 2 3 4 5
How decisions that affect my job are reached	1 2 3 4 5	1 2 3 4 5
Promotion opportunities	1 2 3 4 5	1 2 3 4 5
Staff development opportunities	1 2 3 4 5	1 2 3 4 5
How my job contributes to the organization	1 2 3 4 5	1 2 3 4 5
Specific problems faced by the organization	1 2 3 4 5	1 2 3 4 5
Major management decisions	1 2 3 4 5	1 2 3 4 5
Important new service developments	1 2 3 4 5	1 2 3 4 5
Improvements in services, or how services are delivered	1 2 3 4 5	1 2 3 4 5
The goals of the organization	1 2 3 4 5	1 2 3 4 5
The total range of services offered by my organization	1 2 3 4 5	1 2 3 4 5
The development of this Trust as a single, coherent organization	1 2 3 4 5	1 2 3 4 5

Notes:

VL = Very little; L = Little; S = Some; G = Great; VG = Very great

Table AI.
Example taken from communication audit questionnaire

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