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AN EVALUATION OF THE COMMUNICATION STRATEGIES IN A  
SELECTED HEALTH FACILITY

BY

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## **DECLARATION**

### **Candidate's Declaration**

I hereby declare that this dissertation is the result of my original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidates Signature: ..... Date: .....

Name: Kumassah Christine Makafui

### **Supervisor's Declaration**

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the Ghana Institute of Journalism.

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## **ABSTRACT**

Communication is an essential part of every business or organisation and should be the hub of development in the business or organization. Health organisations have created a department to address the issues including to educate, inform and keep their patients. This study sought to evaluate the communication strategies used in a selected health institution. A sample of three permanent staff were used at the Public Relations Unit. The study employed the use of semi-structured interview guide. The findings revealed that traditional media such as television, radio and newsletters was mostly used to reach the target audience. However due to the advent of technology, the hospital had added social media to have a wider reach of their audiences. The hospital reaches its internal and external publics through its website, emails, staff info sheets, circular and memos, intercom patients and info centres, interpersonal communication of face-to-face interactions, vibrant social media platforms and telephones. In view of this, it is recommended that management should train staff thoroughly in social media and communication as new trends come in daily.

Digital television screens for education and information purposes should also be provided in all Units to aid information flow. Additionally, the hospital needs to look at moving to Instagram which can take about 1000 persons thereby reaching its staff and patients promptly.

Most importantly, an app can be made to track to the progress of patients and staff. They can be reached after they visit the hospital to express their views, concerns and recommendations.

## **DEDICATION**

This dissertation is dedicated to my family for the help and encouragement to push through till the end of this journey.

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# CHAPTER ONE

## INTRODUCTION

### **1.0 Background of the Study**

The core concept of development has always been a debate, as some believe it is related to economy, other believe it is related to an intangible entity such as nationalism. There are several ways to define the concept of development as it is almost a multifaceted entity. Over the year's communication has been used for development. The communication process is a multi-dimensional transaction influenced by a variety of factors. Communication plays a crucial role in any act that seeks to improve health. (Corcoran, 2007). Communication is one of the very important ingredients of an organisations success. To communicate effectively means not only putting your thoughts in order and presenting them in an accessible way, but also expressing them in a way that would capture the attention of the receiver. (Beattie & Ellis, 2014).

Communication makes possible the interaction between members of the working team. A manager should be the first to establish bridges between the members of the organization through a careful and effective communication. Through communication, organization activities scroll correctly. A good manager will use communication in order to make it understandable to convey its message receptor exactly as we think in order to obtain the expected feedback at the time of the initiation of the communicative process (Beattie & Ellis, 2014). All these elements form the basis of communication processes, whereby individuals of an organization will be able to establish interpersonal

connections, which are be the basis of good management activities, both internally and externally.

According to Mefalopulos (2008), communication can either be intrapersonal, interpersonal, organisational, community and public or mass communication. 'Organizational communication' includes communication in an organisation, both formal and informal (Atkin, 2001). Corporate communication is described as the set of activities involved in 'managing and orchestrating all internal and external communications' which are designed to create favourable starting points. Every idea, fact or opinion is static until communicated and understood. In today's information driven society it has been acknowledged time and again that communication is as important as food, clothing and shelter. According to Weiwei (2007), corporate reputation is one of the essential intangible assets for many companies. Businesses that lack of this important asset may face the difficulties where operational income is less than operational cost; business losing customers may confront the problem of a profit decline.

Remie, Johan and Anida (April 2013) noted that several studies have shown that improving corporate reputation results in better corporate communication for companies. They further indicated that, more and more researchers have realized that corporate communication is the most important factors to form corporate reputation. They concluded that, to a strong reputation, the firm must have strong communication to communicate with the stakeholders. Corporate communication is based on giving out of information by a variety of specialists and generalists in an organization. It is concerned with people, organizational processes, activities and media. Corporate communication creates an efficient and effective avenue of communication with employees, consumers, investors

and many others, internally and externally. A key significance of corporate communication is ‘controlling how the world sees you’, this is because company’s fortune is influenced by the public’s assessment by the public (stakeholders).

Communication has become a strategic element capable of positively influencing the medical services provided to patients. Hospitals undertake different communication actions including online communication, marketing, and events. The main players in interpersonal communication in a hospital consist of medical staff, nursing staff, patients, the families of patients, health executives, and employees who perform various administrative or maintenance duties (Medina, 2011). From a communicative standpoint, the medical staff assumes significant responsibilities because they must use interpersonal communication to understand the pathology, needs, and expectations of patients and assist patients with reducing stress, improving adherence to treatment, and exercising self-control (Edgar, Satterfield and Whaley, 2005).

These varying forms of communication is what unearths the value of communication to organisations and corporations. The health sector communication has been regarded as a transactional and a planned process that aids in health promotion and health relationships. (Kiger, 2004). The effectiveness of this planned process comes to realisation when the audience has achieved, acted on or responded to a message. Communication in health takes place on many levels, including individual, group, organisation, community or mass-media.

Organizations are produced from communication and the exchange of information, which ensures the success of an institution (Henriet and Boneu, 1990). Internal communication surpasses the barriers of interpersonal communication and becomes a key activity for the smooth functioning of an organization, especially for organizations in which the client is offered an intangible service (Decaudin, Igalens, Waller, 2006). Companies have advanced from considering internal communication as a secondary measure to integrating it in their operations to ensure cohesion between the actions and communications of an institution. Several reasons justify the importance of internal communication in a hospital: it facilitates the implementation of communication strategies that benefit the organization (Smith, 2005); it establishes two-way and transverse communication (Del Pozo Lite, 2000; Parsons, 2001) that encompasses the entire organization (Costa, 2001); it supports the base service of the hospital, i.e., patient care ; it positively impacts the economic performance of the organization (Thomson, Rodríguez Tarodo, 2000); and it helps the organization to adapt to change.

The main functions of internal communication are to investigate, coordinate, guide, inform, organize, and train. According to Duterme (2007) suggests that these activities are aimed at achieving four main objectives: generate and manage the internal image of a company, support strategic campaigns promoted by a company, provide support for general information, and evaluate the results of communication actions. Dolphin (2000) indicated communication improves the competitiveness of the organization. Although many people do not understand the need for internal communication in a hospital (Wright, Sparks, O'Hair, 2008; Buckley, 2007), it is crucial that these organizations have

specialized communication departments. The members of this department should possess the skills of a scientific journalist: scientific outreach capability and the ability to understand health issues from different points of views (Martínez Solana, 2006).

A good communication strategy helps collaboration between the business/project leader(s) and the communications professional(s). It also identifies clear and measurable communications objectives with evaluation, relevant audiences and available channels, a plan of activities and a timetable, communication risks and mitigation and resources either financial and people.

According to Lupyan (2011), communication strategies can be verbal, nonverbal or visual. Integrating all the strategies of together will allow one gain the most success. This allows a business to meet employee needs and increase workplace knowledge. Verbal Communication strategies can be broken down into two categories of written and oral communication. Written strategies consist of avenues such as e-mail, text and chat. Examples that fall into oral category are phone calls, video chats and face-to face conversations. Nonverbal communication strategies consist of mostly visual cues such as body language, facial expressions, physical distance between communicators or the tone of one's voice. The cues are typically not intended. However, it is important to realise the message one is sending. Otherwise, one will be saying one thing, while the receiver is hearing another. Visual communication strategies can be seen through signs, websites and illustrations. These strategies are used in the workplace to draw attention and provide documentation.

Communication strategies cut across as every organisation has its own method to illustrate their goals to the public. Without developing any strategy, the company will not be able to approach as much audience as it desires. If a company is spending time to evaluate their messages, it would be the best approach to develop an effective communication strategy. A communication strategy can enable stakeholders and partners to provide input and agree upon the best way forward so that actions are unified. With an agreed-upon communication strategy, staff and partners have a map they can refer to through the various program development stages. (Harvey & Griffith, 2002). This will be an assurance that the time spent in developing the strategy is not wasted and has helped to convey message to the public. They also guide an entire program or intervention. Strategies set the tone and direction so that all communication activities, products and materials work in harmony to achieve the desired change (Harvey & Griffith, 2002).

Other objectives of conducting a communication audit are to explore and qualify external (member and constituent) and internal (leadership, staff) perspectives regarding the relevance and effectiveness of existing communications and messaging, its contributions toward meeting the defined organizational and communications strategic goals, and its effectiveness in serving member/constituent needs (Dolzall 2012). In comparing current communications initiatives and operations of the organization to best-and emerging practices utilized by similarly positioned organizations with the purpose of identifying opportunities to fully deploy relevant best practices, defining and developing clarity regarding the range, and the relative critical importance, of all served audiences – members, leadership, like-minded

organizations, through-leaders, policy makers, the public, the media, strategic and business partners, et. al.–for the organization to effectively engage through communications (Dolzall 2012).

Commensurately, identifying the information that will engage and be valuable and highly relevant to each of the above constituencies, as well as the messaging that needs to reach and impact the actions of these audiences to help move forward the mission and objectives of the organization and building upon a matrix of critical served audiences, information and messaging needs and objectives, and best-practices communications, develop a fully integrated and effective communications strategy and tactical deployment.

### **1.1 Problem Statement**

Adopting an appropriate internal communication strategy is key to structuring the flow of effective communication in health institutions. Recent cases of health workers failing to act effectively on management directives coming from the Ministry of Health (per the Ministry's annual report 2018), raises concern as to how communication flows internally among health institutions in the country and the effectiveness of the communication strategies employed by these institutions.

Some studies have looked at health communication in general, the culture of the patients of staff which determines how they understand communication messages. However, there are only a few researches in the area of internal communication strategies among health institutions in the country, especially in the case of Korle-Bu Teaching Hospital. In this respect what communication

strategies are used by the Korle-Bu Teaching Hospital' Public Relation Department.

## **1.2 Objectives of the Study**

The main objective of the study was to evaluate the communication strategies of the health facility, Korle-bu. Specifically, the study sought to:

1. Describe the Public Relations Unit of the Korle-bu Teaching Hospital.
2. Examine the communication strategies used by the Korle-bu Teaching Hospital.

## **1.3 Research Questions**

1. How is the Public Relations Unit of the Korle-bu Teaching Hospital?
2. What communication strategies used by the Korle-bu Teaching Hospital?

## **1.4 Significance of the Study**

Communication is said to be the life blood of every organization, and as such it imperative that the most appropriately suitable communication strategies are adopted by organizations in order to survive. Health institutions are not left out as they essentially interact with customers on daily basis. The types of medical services provided to patients and the high number of workers employed by these organizations, who have direct contact with patients, transform internal corporate communication into the most important communication initiative for a hospital.

A communication audit can be defined as "a complete analysis of an organization's communications internal and/or external-designed to 'take a picture' of communication needs, policies, practices, and capabilities, and to uncover necessary data to allow top management to make informed, economical decisions about future objectives of the organization's communication (Kopec, 1982, p. 24). According to Dolzall (2012), the Communications Audit is a management tool that inventories, assesses the alignment and effectiveness of, and provides future direction for the communications initiatives of an organization.

Communications audits have long been in use, but despite being a "traditional" tool, the value and benefits of such audits have never been greater. He further stated that, the key objectives of a communications audit include ensuring there is a full alignment of communications' strategy, goals, and operations toward achieving organizational objectives as against the organization's enterprise-wide strategic plan or framework and its mission, developing an inventory of the full range of communications channels, platforms, and programs utilized across the organization and complete an assessment of the purpose, benefits, cohesiveness, and effectiveness of each, establishing an inventory and enterprise-wide shared perspective regarding the range, purpose, and consistency of the specific messaging and content disseminated by the organization for multiple purposes.

The study would make recommendations to the hospital and the PR Unit to help them in developing suitable and appropriate strategies. The study will also serve as a reference for further research work and finally improve my own

understanding and knowledge of the topic and particularly with reference to the hospital under study.

### **1.5 Scope of the Study**

The study sought to evaluate the communication strategies used by the revered public hospital, the Korle-Bu Teaching Hospital. The study focused on the Public Relations Unit of the Korle-bu Teaching Hospital.

### **1.6 Organization of the Study**

The study will however be presented in five chapters. The Chapter One includes an introduction information of the research. The information presents a background of the study; followed by problem statement; research objectives; research questions; significance; scope and organization of study. Chapter Two presents the literature review of the project which is divided into theoretical literature review, conceptual and empirical literature review. Chapter Three looks at the research methodology used for the study including explanation of the various sampling techniques and procedures used to gather data for the study. Chapter Four presents the findings and discussions and Chapter Five presents the summary of key findings, conclusion and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents theoretical framework of the study, contains the communication paradigms as well as conceptual and empirical literature relevant to the study. The review further discusses the concepts in the study. The empirical literature highlights the methodologies used, findings, conclusions and recommendations.

#### **2.1 Theoretical Underpinning- Paradigms**

Dependency theory, an approach to understanding economic underdevelopment that emphasises the putative constraints imposed by the global political and economic order. First proposed in the late 1950s by the Argentine economist and statesman Raúl Prebisch, dependency theory gained prominence in the 1960s and '70s. According to dependency theory, underdevelopment is mainly caused by the peripheral position of affected countries in the world economy. Typically, underdeveloped countries offer cheap labour and raw materials on the world market. These resources are sold to advanced economies, which have the means to transform them into finished goods. Underdeveloped countries end up purchasing the finished products at high prices, depleting the capital they might otherwise devote to upgrading their own productive capacity. The result is a vicious cycle that perpetuates the division of the world economy between a rich core and a poor periphery.

While moderate dependency theorists, such as the Brazilian sociologist Fernando Henrique Cardoso (who served as the president of Brazil in 1995–2003), considered some level of development to be possible within this system, more-radical scholars, such as the German American economic historian Andre Gunder Frank (1929-2005), argued that the only way out of dependency was the creation of a noncapitalist (socialist) national economy. Mefalopulos (2008) however criticized dependency theory for not offering an alternative to modernization as it follows the very same concept when it comes to development communication. *“Despite significant differences between modernization and dependency theories, their communication model was basically the same: a one-way communication flow, with the main difference between the two theories being who was controlling and sending the message and for what purpose”* (Mefalopulos, 2008).

The aspect has also been emphasized by Servaes (2005) who criticizes that dependency theory is ‘out-dated’: *“Since the demarcation of the First, Second and Third Worlds has broken down and the cross-over centre-periphery can be found in every region, there is a need for a new concept of development which emphasizes cultural identity and multidimensionality. (...) The previously held dependency perspective has become more difficult to support because of the growing interdependency of regions, nations and communities in our globalized world”* (Servaes, 2005, p93). Whichever way one looks at the legacy and heritage of dependency theory within the field of development communications, there is little doubt that dependency theory acted as a catalyst for the emergence of the participatory communication model, either by serving as a role-model, such as emphasized my McAnany’s (2012) approach, or by serving as a model

to be criticized and questioned, giving way to new alternatives, as emphasized by Mefalopulos (2008) and Servaes (2005).

The participatory communication model is based on an almost normative, ethical stance that stresses the importance of the particularities of cultural identity of local communities, and of a democratization and participation process that takes place at all levels, from the international to the national, regional and local until the individual level (Servaes, 2005, p95). This essentially means that the point of departure for any development communications activity or programme has to be within the community level. *“This principle implies the right to participation in the planning and production of media content”* (Servaes, 2005, p95). One of the prime examples in this area of communications for development as a participative approach is the establishment of community radio stations.

## **2.2 Communication Strategies**

Mazzei and Scuppa, (2006) defined Communication strategy as a comprehensive set of coherent communication activities aimed at achieving a project’s communication objectives. A good communication strategy helps collaboration between the business or project leader(s) and the communications professional(s). It also identifies clear and measurable communications objectives with evaluation, relevant audiences and available channels, a plan of activities and a timetable, communication risks and mitigation and resources either financial and people.

Communication strategies include Information, Education and Communication (IE&C), Information and Communication Technology for Development (ICT4D), Advocacy, Social Mobilization, programme communication also referred to as Behaviour Change Communication, Empowerment Framework among others. Information, Education and Communication (IE&C) is the most basic communication strategy used by the health facility. It affords the public the opportunity to be informed and educated on communication ideas and models from the management of the facility.

Advocacy communication involves influencing ‘Heart and Minds’ of decision makers. Successful advocacy strategies aim to influence decision makers at various levels; at international, regional, national or district levels. (Reach Key Decision Makers, 2015). The advocacy component of the strategy therefore, informs and motivates appropriate leaders to create a supportive environment for the programme by taking actions such as: changing policies, allocating resources, speaking out on critical issues, and initiating public discussion. Possible results of an advocacy intervention can be targeted at leaders taking actions such legal reform, or enactment of new law(s) or rules of business; Policy decisions, formulation of and/or reform; Administrative directives, rules; and Resource mobilization, financial allocation. In addition, the advocacy component can build the capacity of leaders to become advocates themselves and speak out on issues pertinent to the programme to strengthen political will and remove blockages; change funding priorities; support policy change; and address social barriers. (Kulesza, Witko, & Waltenburg, 2016). This is evident at the Management level of the Health facility where decisions are taken by the Ministry of Health and other associated bodies on the Health facility.

Moreover, Behaviour Change Communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote behaviour change. Modern technology has recently enhanced the scope and reach of behaviour development communication such as radio and television 'talk shows' with phone-ins allowing for dialogue on a wider scale. The backbone of developing the behaviour change communication component of the strategy comes from a combination of data, participant and behavioural analyses and community input. Which communication objectives need individualized information and problem-solving to be achieved (e.g. persuading caregivers of the importance of fully vaccinating their children). Who are the most appropriate participants to conduct inter-personal communication (e.g. service providers, peer educators, NGO and government frontline workers, health workers, community leaders). How will chosen communicators use inter-personal communication-(e.g. through programme activities, community meetings, house to house visits, during health clinic visits). What is the capacity to undertake inter-personal communication (e.g. preparation could include sharing technical knowledge, communication skills training and encouraging the development of an appropriate toward the participant group being contacted). How can the inter-personal communication activities of front-line workers or volunteers be sustained? (e.g. what resources and activities are necessary for their continued motivation and support). Have appropriate messages and materials been developed (e.g. messages which have been developed using community participation, problem solving, and dialogue). BCC affords the Management to gain the desired or required results they intend to achieve based on the communication issue to tackled at the time.

Another important aspect in the contemporary form of communications for development is the use of Information and Communication Technologies for Development (ICT4D). This concept refers to the role that new technology, in particular digital media, can play in development communication to empower people and to further advance the overall development project. According to Hilbert (2012, p243), governments, enterprises, and civil actors around the world have started to set up proactive policy and strategy agendas aimed at exploiting the benefits of information and communication technologies for economic, social, and political development.

One basic example for the appropriation of ICTs in the development communications field is the spread of mobile phones and smart phones across the whole world and into the most remote areas. Even in such remote areas as Bangladesh's Sundarbans, where I have travelled to in 2012, I could see that in many communities (except for the ultra-poor communities), many people had a mobile phone. Local populations in the Sundarbans, across Bangladesh and around the world are defining cell phone use for crop pricing, health, agriculture, election monitoring, banking, and more (McAnany, 2012, p149). NGOs and other civil society organizations also increasingly develop specific ICT applications to be used on mobile phones and other platforms that are specifically designed to benefit the rural population (McAnany, 2012, p151).

The Bill and Melinda Gates Foundation for instance devised an approach to digitize garment workers' wages in an attempt to provide workers with access to banking services and enable them to save money rather than spending all the physical money they would normally obtain in cash. A factor here was also the

empowerment of women, as the cash money was often taken away by the husbands as soon as the female garment workers brought the money home. Another initiative, conducted by the Bangladesh Institute of ICT in Development (BIID), called e-Krishok, aims to increase farmers' income by establishing ICT-enabled information centres and telecentres where farmers with any problem or issue related to agriculture can go to and receive the information that they are seeking (BIID, 2014). This shows how ICTs such as mobile phones, computers and the access to internet can play a vital role in today's globalized world in order to access information even from the most remote parts of the world to the benefit of the local, rural communities and how ICTs can help to improve the lives of poor members of the society.

Another aspect here is also the rise in the production of CSR documentaries for (I)Non-Governmental Organisations (NGOs) and their projects. These documentaries are often being used in order to demonstrate the success of the NGOs' work and attract further donors through sharing the videos on social media sites such as Facebook and YouTube. As such it can be said that public awareness campaigns of NGOs and the ways of NGOs to attract funding are shifting more and more towards digital platforms. However, it should also be noted that there are certain difficulties and problems that accompany the introduction of ICTs for development. One aspect is the issue that the usage of ICTs for development requires heavy investments in technology and infrastructure.

*From an economic point of view, there are high costs associated with the software and the hardware components of ICTs for individuals in developing countries, placing these commodities outside the reach of most people. In the*

*case of the Internet, there are also access and connectivity costs to consider.* (Mefalopulos, 2008, p61).

Apart from the economic constraints, there are also technological and cultural issues to consider. Phone and electric lines need to be built and regularly maintained, and from a cultural angle, local communities might be exposed to foreign content that seems strange to them, overtaxes them or prompts change in their behaviour, customs and traditions (Mefalopulos, 2008, p62). Additionally, as vast parts of our economic and social life are built on the usage of ICTs, there is also the danger of a 'digital divide' that gives the rural and poor parts of a population even less chances to compete in our globalized world if they don't have sufficient access to ICTs. This means that ICTs certainly can play an important role in development communications, but they are not the panacea some want it to be. *"There are opportunities for using ICTs, old and new, for social change in people's lives, but is this enough in a world of globalization and mega media industries? The other side of technology is how people put these ICTs to social purpose"* (McAnany, 2012, p149).

### **2.3 Health Communication in Perspective**

Kreps (2003) summarizes 'health communication' as a 'resource' that allows health messages for prevention, risk or awareness to be used in the education and avoidance of ill health. In the past decades, health communication has changed and developed as a result of the progress and advancement in technology, and that has transformed the entire concept of communication. (Barnlund, 2008; Popovici, Morita, Doran, Lapinsky, Morra, Shier, and Cafazzo 2015).

Patient's discernments and awareness of the quality healthcare they received are highly reliant on the quality of their interactions with their Healthcare Assistants. The connection that a patient feels with his or her physician can ultimately improve their health mediated through participation in their care, adherence to treatment, and patient self-management, (Duffy, Gordon , Whelan ,Cole-Kelly, Frankel, Buffone , Lofton , Wallace , Goode , Langdon , 2004; Heisler , Bouknight , Hayward , Smith , Kerr , 2002; Renzi , Abeni , Picardi, Agostini , Melchi , Pasquini , Puddu and Braga, 2001). Nevertheless, it is estimated that one-third of adults with chronic illnesses underused their prescription medication due to cost concerns; yet they fail to communicate this information to their Physician (Heisler, Michele, Langa, Kenneth, Eby, Elizabeth, Fendrick, Mark, Kabeto, Mohammed, Piette and John, 2004).

Other researchers postulate that less than half of hospitalized patients could not identify their diagnoses or their medication(s) after they are discharged, an indication of ineffective communication with their physicians (Institute of Medicine, 2003). The Institute of Medicine (IOM) Report on Health Professions and Training has identified that doctors and other health professionals lack adequate training in providing high quality healthcare to patients. The report postulates that educators and licensing organisations should strengthen and train health professionals in the delivery of patient-centered care. The patient-centered care model underscores the essential features of healthcare communication which relies heavily on core communication skills, such as open-ended inquiry, reflective listening and empathy, as a way to respond to the unique needs, values and preference of individual patients.

High impact health communication helps to blend behavioral changes on a societal level; thus, it stimulates the entire communities into action, motivating them to live a healthy lifestyle by taking the necessary measures to prevent disease and to protect, maintain and improve their own health, such as good nutrition, regular exercise, responsible sexual behaviour, eschewing destructive behaviours such as cigarette smoking, drug abuse among others. In order for a health communication program to have an impact, it should propagate appropriate health content that satisfies the criteria including accuracy (making sure that content is valid and without errors of fact, interpretation, or judgment), availability (making sure that the content whether targeted message or other information is delivered or placed where the audience can access it. Placement could vary according to the audience, message complexity, and purpose, ranging from interpersonal and social networks to billboards and mass transit signs to prime-time TV or radio, to public kiosks (print or electronic), to the Internet.

#### **2.4 Empirical Review**

In the study on “*Patients Satisfaction with Quality Healthcare in Ghana: A Comparative Study between University of Ghana and University of Cape Coast Hospitals*”, Aduo-Adjei, (2015) examined patient’s satisfaction with quality healthcare in Ghana by comparing healthcare services at the University of Ghana and the University of Cape Coast hospitals. A modified version of the SERVQUAL model was used as the data collection instruments, which was administered to a sample of 218 patients receiving healthcare at the OPD of the two university hospitals. A principal component analysis, multiple linear

regressions, independent Test and a manual thematic analysis were used in the data presentation and analysis. The results showed that empathy, communication, culture, tangibles and priority are key predictors of patients' satisfaction with quality healthcare. In some interviews, the patients noted that timeliness, staff performance, service improvement and satisfactory services are relevant for ensuring service quality to patients at the hospital. The study proved that there are key challenges that confront the implementation of these objectives in some hospitals. A comparative analysis revealed that empathy, tangibles and priority were dimensions of service quality that pose a difference in healthcare delivery at the two-university hospital. The author recommended that the University hospital management should develop policies based on the communication, empathy, culture, tangibles, and priority, which will ensure the patients' satisfaction with quality.

Popovici, Morita, Doran, Lapinsky, Morra, Shier, Wu and Cafazzo (2015) in a study on *“Technological Aspects of Hospital Communication Challenges: an Observational Study”* assessed technological aspects of hospital communication to gain insights into how technological communication tools impact effective communication among clinicians, which is critical for patient safety. The study population was Mount Sinai Hospital, Sunnybrook Health Sciences Centre and Toronto General Hospital. At least five Emergency Department and General Internal Medicine Nurses and Physicians directly involved in patient transfers were observed on separate occasions at each institution. The study adopted a multi-site observational study analyses, inter-clinician communication and interaction with information technology, with a focus on the critical process of patient transfer from the Emergency Department

to General Internal Medicine. The outcome of the study proved that insight into clinician workflow evaluates current hospital communication systems and identifies key issues affecting communication. The key issues included interruptions, issues with numeric pagers, lack of integrated communication tools, lack of awareness of consultation status, inefficiencies related to the paper chart, unintuitive user interfaces, mixed use of electronic and paper systems and lack of up-to-date contact information. It also identified design trade-offs that could be negotiated such as synchronous communication vs. reducing interruptions, notification of patient status vs. reducing interruptions and speed vs. quality of handovers. The study therefore concluded that issues which were listed should be considered in the design of new technology for hospital communications.

Tang and Peng, (2014) in "*Culture and Health Reporting: A Comparative Content Analysis of Newspapers in the United States and China*" adopted a qualitative approach to enquire, gather and collect the relevant data for the study. A critical observation was the method used to gather the relevant data for the study. The outcome of the study proved that health communicators, such as health journalists, need to take into consideration the cultural environment they are working in before reporting and disseminating of information. Hofstede Cultural Dimension Theory (Hofstede, 2005) and Wilber's Integral theory (Wilber, 2000) are somewhat applicable in the study of culture in health communication. Despite their usefulness, these theories were proposed for the purpose of general cultural comparisons. Further research could develop Culture and Health Reporting theories specific to the subject of health

communication, identifying cultural factors that are directly related to how different health messages influence people's health behaviours and habits.

Duffy, Gordon, Whelan, Cole-Kelly, Frankel, Buffone, Lofton, Wallace, Goode and Langdon (2004) in a study titled "*Assessing Competence in Communication and Interpersonal Skills: the Kalamazoo II Report*" summarized the methods and tools used by educators, evaluators, and researchers in the field of physician-patient communication as determined by the participants in the "Kalamazoo II" conference held in April 2002. The Kalamazoo II report however reviewed three methods for assessment of communication and interpersonal skills. Examinations using oral, essay, or multiple-choice response questions surveys of patients' experience in clinical interactions, and observation of behavior during interactions with patients were the methods used. The study proved that Professional conversation between patients and doctors shapes diagnosis, initiates therapy, and establishes a caring relationship. The degree to which these activities are successful depends, in large part, on the communication and interpersonal skills of the physician.

Muinga, Sen, Ayieko, Todd and English (2015) studied on "*Access to and Value of Information to Support Good Practice for Staff in Kenyan Hospitals*" to explore where professionals in Kenyan hospitals go for work-related information in their day-to-day work. Additionally, the study examined what existing solutions are provided by hospitals with regard to provision of best practice care. The study explored the use of ICT in information searching. Data for this study were collected in July 2012 thoroughly. Self-administered questionnaires (SAQs) were distributed across 22 study hospitals with an aim to get a response from 34 health workers per hospital. The SAQs were collected

from 657 health workers. Findings indicated that the most popular sources of information to guide work were from fellow health workers and printed guidelines while the least popular were scientific journals. The study recommended that Hospitals need to provide appropriate information by improving information dissemination efforts and providing an enabling environment that allows health workers find the information they need for best practice.

## **2.5 Lessons Learnt**

From the empirical review, this study adopted the use of a semi-structured interview guide to gain in-depth information depending on the angle of the topic. The study of Muinga, Sen, Ayieko, Todd and English (2015) on “*Access to and Value of Information to Support Good Practice for Staff in Kenyan Hospitals*” influenced my choice of instrument for data collection.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This study sought to evaluate the communication strategies in a selected hospital. This chapter therefore presents the steps that were taken to gather the data for the study which include the research setting, research design, study population and sampling procedure, sources of data and data collection methods as well as ethical considerations.

#### **3.1 Research Design**

According to Jahoda, Deutch and Cook “a research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy and procedure”, (as cited in Akhtar 2016). Henry Manheim also cited in Akhtar (2016), states that research design does not only anticipate and specify the seemingly countless decisions connected with carrying out data collection, processing and analysis but it presents a logical basis for these decisions. The type of research used was qualitative research method in order to get an in-depth understanding of how the messages are drafted and relayed to the staff and patients. It is rooted in phenomenology which believes that knowledge is discovered through an open unbiased description of experiences in the natural setting.

Qualitative research is a type of research strategy where behaviour and events are studied and recorded in their natural and normal setting. Anon, (2019) added that Qualitative research is primarily concerned with exploration of richness, depth and complexity of phenomenon as they occur in their natural and normal

settings. They have two major concerns: how research participants derive meaning from their surroundings and how their meaning influences their behaviour. In view of this, the efforts of many qualitative researchers seek to obtain complete and detailed interpretation of phenomena in order to uncover their underlining meaning and patterns.

The rationale of the qualitative response design is to gain a deeper understanding of the specific organization or event through firsthand experience, truthful reporting and quotation of actual conversations rather than surface descriptions of a large sample of a population. In this type of research, much attention however is paid to the process that is occurring instead of the outcome of the process and emphasises on words rather than quantification. This process is unique because results are peculiar to the environment.

### **3.2 Research Setting**

The Public Relations Unit of the Korle-bu Teaching Hospital in Accra.

### **3.3 Study Population and Sample**

The staff of the Korle-bu Teaching Hospital's Public Relations Unit are five hence three were interviewed.

### **THE HEALTH FACILITY-KORLE-BU TEACHING HOSPITAL**

Established on 9 October 1923, the Korle-Bu Teaching Hospital has grown from an initial 200 bed capacity to over 1,500. It is currently the third largest Hospital in Africa and the leading national referral centre in Ghana. Korle-Bu, which means the valley of the Korle lagoon, was established as a General Hospital to address the health needs of the indigenous people under Sir Gordon

Guggisberg's administration, the then Governor of the Gold Coast. Population growth and the proven efficacy of hospital-based treatment caused a rise in hospital attendance in Korle-Bu. By 1953, demand for the Hospital's services had escalated so high that the government was compelled to set up a task force to study the situation and make recommendations for the expansion of the Hospital. The government accepted and implemented the recommendations of the task force which resulted in the construction of new structures, such as the Maternity, Medical, Surgical and Child Health Blocks. This increased the Hospital's bed capacity to 1,200.

Korle-Bu gained teaching hospital status in 1962, when the University of Ghana Medical School (UGMS) was established for the training of medical doctors. The UGMS and five other constituent schools are now subsumed under the College of Health Sciences to train an array of health professionals. All the institutions of the College however, undertake their clinical training and research in the Hospital. At the moment, the Hospital has 2,000 beds and 17 clinical and diagnostic Departments/Units. It has an average daily attendance of 1,500 patients and about 250 patient admissions. Clinical and diagnostic departments of the Hospital include Medicine, Child Health, Obstetrics and Gynaecology, Pathology, Laboratories, Radiology, Anaesthesia, Surgery, Polyclinic, Accident Centre and the Surgical/Medical Emergency as well as Pharmacy. Other Departments includes, Pharmacy, Finance, Engineering, General Administration.

The Hospital also provides sophisticated and scientific investigative procedures and specialisation in various fields such as Neurosurgery, Cardiothoracic

surgery, Paediatric Surgery Dentistry, Ophthalmology, ENT, Renal, Orthopaedics, Oncology, Dermatology, Radiotherapy, Radio diagnosis, and Reconstructive Plastic Surgery and Burns. The National Reconstructive Plastic Surgery and Burn Centre, the National Cardiothoracic Centre and the National Centre for Radiotherapy and Nuclear Medicine in particular also draw a sizeable number of their clientele from neighbouring countries such as Burkina Faso, Nigeria, and Togo. Korle-Bu Teaching Hospital continues to blaze the trail when it comes to the introduction of specialised services. It carried out the first ever kidney transplant in Ghana in 2008. It is one of the few hospitals in Africa where sophisticated laboratory investigations are carried out. Other specialised services the Hospital provides include brachytherapy intervention for the treatment of prostate cancer and keyhole surgeries.

Plans are underway to venture into molecular testing and employ the use of cutting-edge technology in care delivery. All these are part of the grand plan to offer a wider spectrum of specialist care to position Ghana as the hub of health tourism within the West Africa Sub-region.

In pursuit of its mission and vision, KBTH intends to pursue the following objectives that would form the basis/focus of planned interventions (i.e strategies, programmes and actions): To improve continuously the quality of healthcare and enhance clients and patients satisfaction in a cost effective manner. To enhance KBTH's contribution to the MoH's effort at cost-effective quality healthcare delivery, training, research and advocacy. To improve the technical and managerial skills, knowledge, competences and capabilities of all staff. To boost staff morale, commitment and satisfaction through motivation.

To enhance the hospital's ability to attract and retain adequate and competent staff. To make efficient use of the unique competencies and capabilities of the Medical and other allied health personnel. To ensure positive and mutually beneficial relations with external collaborators, donors, NGOs, other organisations and individuals. To improve relations with the general public and immediate community and capacity for Monitoring and Evaluation.

### The Organisational Culture of Korle-Bu Teaching Hospital

The hospital sets out to meet and exceed the patients' expectation of care and at all times treat them with dignity and respect. It also sets out to provide the best possible work environment for its employees, which will enable them live a fulfilled social and professional life. To achieve this, an appropriate organisational culture, which gives meaning to what we do beyond just coming to work, is required. Culture defines who we are and why we do what we do.

The organisational culture of the hospital is premised on the following:

#### Our Philosophy

The patient comes first, all the time

#### Our Mission

We are committed to provide quaternary health care facilities and services, training, research, and advocacy for clients' within and outside Ghana

#### Our Vision

To become the preferred centre of excellence and innovation for specialist health care provision, training, research and advocacy in Ghana and West

Africa

## Our Core Values

- – Customer satisfaction
- – Respect for one another and the rights of our clients
- – Commitment to excellence and innovation
- – Commitment to a healthy environment
- – Excellent stewardship of all resources
- – Transparency and accountability

## Patient's Charter

The Korle -Bu Teaching Hospital is the number one National Referral Hospital with Centres of Excellence where quality health service delivery, teaching and training, in addition to research and outreach service are undertaken. Your acceptance to receive care under this Institution implies your consent to cooperate with the above institutional activities unless otherwise specified in writing, within the limits of the patient rights and responsibility.

### **IT IS YOUR RIGHT AS A PATIENT TO:**

1. Accept or reject to this Institution.
2. Receive treatment without discrimination as to religion, sex, age, nationality, race and ethnic group, disability or source of payment.
3. Receive quality care in a clean and safe environment
4. Request the service of a certified, qualified healthcare provider in the event of understaffing, but the Hospital will not be liable if the person operates outside his/ her professional competency.
5. Receive emergency care when needed.
6. Know the name and position of the Doctor (s), Nurses and other staff,

including students who will be in charge of your care in the Hospital.

7. Receive all information you need to give informed consent for any proposed treatment, including research.

8. Receive all information about diagnosis, treatment option and prognosis and participate in all decisions taken on you.

9. Refuse treatment on submission of a letter of **OBJECTION TO TREATMENT AGAINST MEDICAL ADVICE.**

10. Refuse to take part in research.

11. Seek a second opinion on your diagnosis, investigation and proposed therapy.

12. Have privacy and confidentiality of all information and records.

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU**

13. Participate in all decisions about your treatment and discharge from Hospital.

14. Receive all itemised bill.

15. Make a **COMPLAINT** on any professional misconduct /unsatisfactory care/service you received in writing to the Chief Administrator.

16. Limit your services while on admission.

17. Make your wishes known as regards donations of an anatomical part for research, teaching and organ transplant purposes.

**3.4 Sampling Procedure**

A sample size in a qualitative study is usually smaller than in a quantitative project (Dworkin, 2012). According to Dworkin (2012), the sample size recommended for qualitative studies is 5 to 15 participants. Walker (2012)

stated that the sample size is relevant to achieving data saturation in a qualitative study.

Purposive sampling was used to acquire participants for the study. Purposive sampling is useful when researchers need to understand the views of participants and their perspectives (Walker, 2012). Purposive sampling allows a group of people to have the best information about the problem in question (Walker, 2012 & Spence et al., 2011). This study used purposive sampling technique in order to obtain the understanding and perspectives of participants. A total of three permanent staffs were sampled, this is because the topic at hand required respondents with in-depth knowledge of the communication strategies adopted over a period of at least 1 year.

### **3.5 Sources of data**

The study used secondary sources and primary sources. Secondary sources of information are derived from already existing literature or write-ups. They include books, journals, project works, newspapers, internet among others. However, primary sources are information derived from the direct sources, phenomenon or environment. These sources of data are important because they provide evidence and facts to back and explain the characteristics of the study. Primary sources consist interviewing the participants.

### **3.6 Data Collection Procedure**

Data was collected through semi structured face-to-face interviews with the participants in appropriate interview settings. An interview setting allows participants to be in a non-threatening environment and enables the participants

to be open and honest about their experiences (Mukeredzi, 2012). The interviews were conducted in a convenient public place that enabled participants to be open and honest about their experiences thus at the Public Relations Unit office of the hospital.

Having the interviews at the hospital eliminated the need for the participants to travel. This interview setting also allowed participants to be in a comfortable and familiar setting. Scheduled interviews took between 45 and 60 minutes. According to Anyan (2013), spending time with participants during the interview, the participants and speak about the real nature of the subject and power imbalances in the organization.

All in all, interviews were conducted with the personnel of the Korle-bu Teaching Hospital's Public Relations to gain in-depth data to enhance and facilitate the research.

### **3.7 Data Collection Instruments**

An interview is a method of data collection, information or opinion gathering that specifically involves asking a series of questions. (Sage Research Methods, 2019). The data collection instrument used for collecting data was a semi-structured interview guide.

This method involves the use of non-structured ways of asking questions with a list of themes and questions to be covered. The interview guide was prepared and sent to the staff to go through so they have prior knowledge of the questions a month ahead the set interview date.

### **3.8 Ethical Considerations**

Upon selecting a health care organization, I obtained an introductory letter from the Ghana Institute of Journalism and sent to the Hospital for approval to carry out the study.

Participants need to review and know what they are agreeing to during interviews and so the participants know what is needed to excuse themselves from the study if need be (Barker, 2013). Once the letter was approved by the Head of the PR Unit of the Hospital, a date was set for the interview. To ensure privacy and confidentiality, I notified the participants and reminded them their identities would remain confidential. I sought their consent again and emphasized that during the interviews their names would remain confidential in the study. I also explained to participants that they could withdraw prior to the interview.

According to Amon et al., (2012), knowing what the needs of the participants are through the research process and what constitutes risks to individual human participants is part of being a good researcher. Therefore, all research participants in my research study had a full understanding of the research process and knew their rights. I assigned the participants alphanumeric codes from PR Practitioner A to PR Practitioner J to protect participants' identities. It was important that I keep the identities of participant's confidential.

## **CHAPTER FOUR**

### **FINDINGS AND DISCUSSIONS**

#### **4.0 Introduction**

This chapter gives a brief history about the organization and discusses the findings and analysis of the data collected.

#### **ANALYSIS OF FINDINGS**

##### **4.1 The Public Relations Unit at Korle-bu Teaching Hospital**

All answers from stakeholders to Question 1 are; one PR Practitioner had worked at the department since its inception in 2003 thus 16 years, another had worked 7 years excluding the period of his NSS and the third, a female, had worked with the Public Relations Unit for 2 and half years but with the hospital for 15 years at the Central Lab Unit.

**Key Findings:** It was realized that the PR Practitioners have worked in the Hospital for more than a year thereby giving them the experience to speak on the topic of the study.

PR Practitioner A, in answering Question 2 mentioned the internal publics of the Hospital comprised of Management, clinical and non-clinical staff and various categories of medical students. The clinical staff consist of Doctors, nurses, lab technicians, radiologists and physiotherapists. The non-clinical staff are the Administrative, accountants, orderlies and caterers. The PR Unit ensured that there is a cordial relationship between Management and staff and vice versa. Each staff was regarded as a vital asset to the success of the Hospital. To ensure

that staff members do not feel left out of management's policies and activities, the Hospital employed several ways of communicating with its staff.

Internal Communication Tools include **Staff Information Sheets**. They are fortnight circular that carries current and up-coming events, new policies and any other information that Management wants staff to know. This is prepared by the Unit and endorsed by the Director of Administration. **Korle-Bu Bulletin:** This is a quarterly newsletter published by the Unit to inform, educate and entertain both staff and the external publics. The Unit allows staff to send in articles and other write-ups for publication. The PRO is the editor with some staff as part of the Editorial Board. **Website:** The Hospital's website provides yet another effective and reliable means of sharing information with both the internal and external publics. News, upcoming events and adverts are posted on the site for staff to see and be informed. **Employee welfare activity:** The Unit facilitates welfare activities like tax waiver for staff.

**Protocol:** The Unit also assists staff with information about the Hospital, the directorates and various departments/ units. **Coordination of Donation mobilization:** The Unit collaborates with Management in liaising with corporate bodies for resource mobilization to assist the Hospital. **Speech service:** The PR Unit writes all speeches delivered by the Chief Executive and any other Official that. **Annual report:** The Unit compiles and prepares the Hospital's annual report for publication. **Souvenirs:** The Unit facilitates the publication of the Hospital's calendars, dairies, flyers, etc. **Telephone Intercom System:** This offers the major channel through which management and staff, and among staff communicates and transfer information among themselves. **Event management:** The Unit supervises donations, presentations,

workshops and any other media-related activity in any Department/Unit of the Hospital. The Hospital organizes for a like Performance reviews, budget reviews, In-house Committee meetings, Directors meetings and the likes to meet staff. Some of the meetings are held weekly while others are monthly. The rationale behind such gatherings is to offer staff the opportunity to meet management, discuss all grievances and the ways forward.

**Face-to-Face:** Aside the above-mentioned channels of communicating with staff, internal publics also engage in regular face-to-face chats. **Corporate E-Mailing:** The Hospital has created corporate e-mail addresses for both Management and staff for easy communication and transfer of information.

Practitioner B stated that there is a difference in communication used 6 years and now. Internally, Staff Info Sheets which go round all Units containing information with the information placed on the various notice boards. Also, the Website served as a source of information for the staff especially when they need to go to the promotion board. Circulars and memos are written and sent to the Heads of the Units which are disseminated to the rest of the staff. Intercoms were used to relay information through phone calls. Patient and Information Centres have been created in all the Units in the hospital for enquiries but staff also go there for information as well. Inter-personal Communication or face-to-face interaction also helped. The Public Relations Practitioners contact is available in all the Units.

Practitioner C mentioned that due to the advent of technology, currently four Vibrant WhatsApp groups had been created purposely to relay information to staff promptly with 256 persons on each platform to. Also, a Telegram platform

is also available for sharing of information. Staff Info Sheets are available and come out fortnightly. The copies are sent to the various Units hence information is relayed from the top to the bottom. Also, Electronic, print and WhatsApp platforms are used to reach staff.

**Key Findings:** The study showed that internal communication is very essential in an organisation. All Practitioners extensively spoke on the internal communication strategies used to reach staff.

All answers by stakeholders to Question 3 include, the external publics of the Hospital comprising of patients, the Ministry of Health, other health facilities, relatives, media, the Government and the general public. Because Korle-Bu is a Government institution, the Ministry of Health was a key public and it played a vital role in their operations. However, the most important person to the Hospital was the patient. Patients are the reason for the existence of Korle Bu. Besides the Government and the patient, people who show interest in the activities of the Hospital are also vital to them and therefore the Unit did everything possible to relate with its external publics for a peaceful co-existence. (Practitioner A)

Because they deemed their external publics very dear to the success of the Hospital, there are several ways they employ in dealing with them. **Media**

**Relations:** The media personnels frequently come to the Hospital for health-related stories and the Unit assists them with personnel to attend to their needs.

**Interviews:** In relating to the external publics, the unit grants interviews to the media, foreign nationals and the general public on any information that may

bother them or may be of public interest. **Educational tour:** The Unit also

assists the public who want to have information about the Hospital. Students, medical practitioners and other nationals from Africa and beyond come to the Institution on educational tour. **Features:** The Unit writes and publishes articles given details on some achievement, issues, projects and any information management deemed relevant for public consumption.

**Rejoinders:** The PR Unit also responds to damaging publications about the Hospital by giving out right information to clear the air. **Complaints Centres:**

The Hospital has established information/complaints desks at the Polyclinic, Central OPD and recently, the Maternity Department to receive complaints and enquiries from patients and other stakeholders. Those that demand further action are given to the appropriate authority concerned. Some complaints and enquiries are also received through the Hospital's emails and website.

**Telephone Exchange:** Korle Bu has a Telephone Exchange Unit that receives and responds to enquiries from external publics via the telephone. Certain enquiries are directed to the appropriate quarters. **Korle-Bu Bulletin ([www.kbth.gov.gh](http://www.kbth.gov.gh)):** This is a quarterly newsletter published to inform, educate and entertain both staff and the external publics. This is also prepared by the PR Unit. The Unit allows staff to send in articles and other write-ups for publication.

**Website:** The Hospital's website provides a bigger social network for the Hospital and allows Management to relate and communicate effectively with its stakeholders, internal and external publics, staff and clients. The site provides detailed information such as the history of the Hospital, profiles and services provided by all the departments/units and feature articles written by our health professionals. There is also a column for external publics to send in their

comments. **Media Tour:** This is a vital initiative that Management engages the services of the media to tour the Hospital's project sites. This also offers the media the opportunity to ask certain questions that may bother them and any other issue that may be of public interest. It also offers the Hospital the opportunity to clear all speculations and obnoxious publications about the Hospital.

On the other hand, Practitioner B also grouped patients into two; out-patients and in-patients. Out-patients are those outside of the hospital premises. He stated that they are reached through the website. For example, someone in the Upper East and Upper West region of the country can access the website to know of the services the hospital provides. In addition, the contact numbers of the PR Practitioners are made available on the site for any further clarification. Moreover, social media platforms like Facebook and Twitter were used. A case in point is a surgery that took place and was put on the Facebook platform, Joy and Citi picked the story up and made it known to the general public.

In-patients on the other hand refer to people on admission in the hospital. They were reached by Patient and Information Centres created in some Units of the hospital including poly Clinic, Maternity, Theatre, Children's ward and the Central Laboratory. This centre addresses issues like complaints (eg patient not being spoken to well by nurses), enquiries, and praises. Also, number sticks were provided across the Units with inscription: For complaints, enquiries or information, call or WhatsApp these numbers. Face-to-face interactions were used to reach a cross-section of patients.

The female Practitioner added that Nurses gave morning health talks at the various OPD's when patients come to the hospital. Also, next of kin contacts were taken in the various units upon reporting there for treatment as not every patient had a phone This was to aid information flow in case of an emergency like a reschedule of an appointment because the Doctor will be late, will be made known to the patients.

**Key Findings:** The findings proved that external communication is very important as it makes information sharing easier and more efficient. While two outlined vividly the sort of external communication strategies used, one just mentioned it in passing.

#### **4.2 The Communication Strategies used by the Korle-bu Teaching Hospital**

PR Practitioner A, in answering Question 4, mentioned that Information, Communication and Education was used by PR Unit to reach its internal and external publics as a result of the changing world trends thereby incorporating it with the old ways of communication.

PR Practitioner B identified traditional media including print, radio and television coupled with social media as the world is changing and becoming more technology savvy resulting from adapting to the modern trend of technology in addition to the traditional media has its reach but the new trend of technology reached a greater number of people. The characteristics of the hospitals target audience determined the medium used to reach them.

The female Practitioner added that nurses gave morning health talks at the various OPD's when patients come to the hospital. Also, next of kin contacts were taken in the various units upon reporting there for treatment as not every patient had a phone. This was to aid information flow in case of an emergency like a reschedule of an appointment because the Doctor will be late, will be made known to the patients. She hindered that this was because not everyone had a phone so the use of the various modes ensured that no one was cut off from the information being disseminated at any point in time.

**Key Findings:** The study showed that the type of communication strategy to be used was determined by the advent of technology and the changing world as well the characteristics of the target audiences. Therefore, Information Communication Technology for Development (ICT4D) strategy was widely employed in reaching their various publics.

PR Practitioner A, in answering Question 5, noted that the provision of televisions specifically for education and information purposes be made available. PR Practitioner B outlined factors such as training staff in social media and communication as the hospital was big therefore information flow can take a long time, provision of televisions for information purposes only and having digital television screens for health education only. The female Practitioner added that Korle-bu was very big so information flow can be delayed at times. She had an encounter where information was sent around and 5 days later, she went to a Unit for feedback and was told the Head of department was not around hence they were waiting for the person to report then go through before it is further disseminated to the staff of that Unit. She advised that moving to Instagram which could take about 1000 would enhance

communication. She added that update on emails should be done so that the slides and lessons could be shared to them through their emails, during participation of staff in continuous training.

**Key Notes:** The study showed that all Practitioners had the same ideas of what was needed to improve their communication. It was realised that characteristics of their target audiences determine the communication strategies used to. The PR Unit also identified other mediums which could improve their communication.

## **CHAPTER FIVE**

### **SUMMARY AND CONCLUSION**

#### **5.0 Introduction**

Chapter five discusses the main objective of the study, which was to evaluate the communication strategies of the Korle-bu Teaching Hospital, the type of communication strategies used and the reason behind the use of such strategies of modes of communication as well as conclusion.

#### **5.1 Summary**

The research recognized the background of the Korle-Bu Teaching Hospital from its inception till date and identified the communication strategies employed by the PR Unit of the Hospital to reach staff and patients. Due to the advent of technology and to reach a wider number of their audience, the hospital incorporated the use of social media in addition to the traditional medium used. The PR Unit of Korle-Bu sees modes of communication and strategies of communication as the same which is the medium used to reach their patients and staff.

#### **5.2 Conclusion**

Following the findings of the study, it could be concluded that Information, Education and Communication (IE&C) as well as Information and Communication Technologies for Development (ICT4D) are essential to the growth of the PR Unit as they are the main communication strategies used by the hospital. Also, the communication strategies used to reach its internal and external publics through its website, emails, staff info sheets, circular and memos, intercom patients and info centres, interpersonal communication of

face-to-face interactions, vibrant social media platforms and telephones. These media have proven helpful as their audiences are informed and educated on any information; they need to disseminate to them. However, the characteristics of the target audience determine or influence the sort of communication strategies used hence organisations need to understand their targets to identify how they can be reached for effective and efficient communication.

### **5.3 Limitations**

Finance was a problem as each chapter needed to be printed and sent for correction after which the corrections were effected and sent back to the Supervisor for approval before moving on to the next chapter. When all this is done, the entire work is now printed and sent for review after which the final work is done. At each point of the process funds are needed to print every aspect of the work.

### **5.4 Suggestion for Further Studies**

However, for further study, one can take it from the perspective of both the Public Relations Unit and the patients, thus the hybrid method in order to derive deeper insight into the problem.

Another can also look strictly at patients understanding of the communication strategies used by the health institution.

### **5.5 Recommendations**

It is clear from the research that digital television screens for education and information purposes should be provided in all Units to aid information flow.

Most importantly, there is the need of the staff to be trained thoroughly in social media and communication as new trends come in daily.

Also, the hospital needs to look at moving to Instagram which can take about 1000 to reach its staff and patients promptly.

In addition to that, updating of staff information so that in cases like continuous staff training, the slides and lessons can be shared to them through their emails easily.

Finally, an app can be made to track to the progress of patients and staff. They can be reached after they visit the hospital to express their views, concerns and recommendations.

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## **APPENDIX A- INTERVIEW GUIDE**

I am Christine Makafui Kumassah, a student of the Ghana Institute of Journalism. As part of the requirements for the attainment of an M.A. in Development Studies, I am researching on the topic “**An Evaluation of Communication Strategies in a Selected Health Facility**”. I would be grateful if you participate in this research. The interview would be recorded. Should you refuse to speak off record, kindly draw my attention to switch off the recorder. Be assured that your answers will be treated with utmost confidence.

Thank you

### INTERVIEW GUIDE

Background of Respondent

#### STRUCTURE

1. How long have you worked in this hospital?
2. What modes of communication does the hospital use for their staff?
3. What communication modes are used by the hospital to reach patients?

#### PROCEDURE

4. a. What communication strategies do you use?
  - b. What informs the use of the communication strategies you have mentioned?
5. What can be done to enhance communication in this health institution?