



The Internet Journal of Allied Health Sciences and Practice

<http://ijahsp.nova.edu>

A Peer Reviewed Publication of the College of Allied Health & Nursing at Nova Southeastern University

Dedicated to allied health professional practice and education

<http://ijahsp.nova.edu> Vol. 4 No. 4 ISSN 1540-580X

Understanding Clinical Culture: Organizational Communication in the Clinical Practicum

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Citation:

Welch, SA., Understanding clinical culture: Organizational communication in the clinical practicum. *The Internet Journal of Allied Health Sciences and Practice*. October 2006. Volume 4 Number 4.

Abstract

In recent years, health practitioner educators and researchers have devoted an increasing amount of attention to the improvement of communication in the clinical setting. One aspect of communication--organizational communication--occupies relatively little space in practitioner education and research. Yet, contemporary clinical practice relies heavily upon organizational structures to facilitate the coordination of care. Understandably, overcrowded practitioner curricula may not accommodate the addition of explicit pedagogical material related to organizational communication. However, clinical instructors can help students understand and integrate into the organization of the clinical setting by introducing basic concepts of organizational communication. This can be through comments and questions during debriefing and discussions during and following the clinical experience. This article provides an overview of concepts central to organizational communication scholarship to guide students' implicit learning about the organizational aspects of the clinic.

INTRODUCTION

Recently, health practitioner educators have become increasingly aware of the demands of professional practice. Included in these demands is the mastery not only of medical knowledge and skills, but also of non-medical competencies. Among these are theoretical and practical communication skills.

Communication scholarship offers areas of focus that relate to professional practice. Applicable areas of research include interpersonal and intercultural communication skills.^{1,2} One area of communication research that is useful to health care instruction is organizational communication. This article seeks to further address the benefits of applying organizational communication to clinical environments. In order to accomplish this, the basics of organizational communication will be presented as a model.

Organizational concepts, such as culture, structure, and coordination are useful for the experienced, novice, and student health care professional. These concepts and others can help nursing personnel learn to integrate themselves into the routine of clinical work.^{3,4,5} This article's model can provide novices with tools to

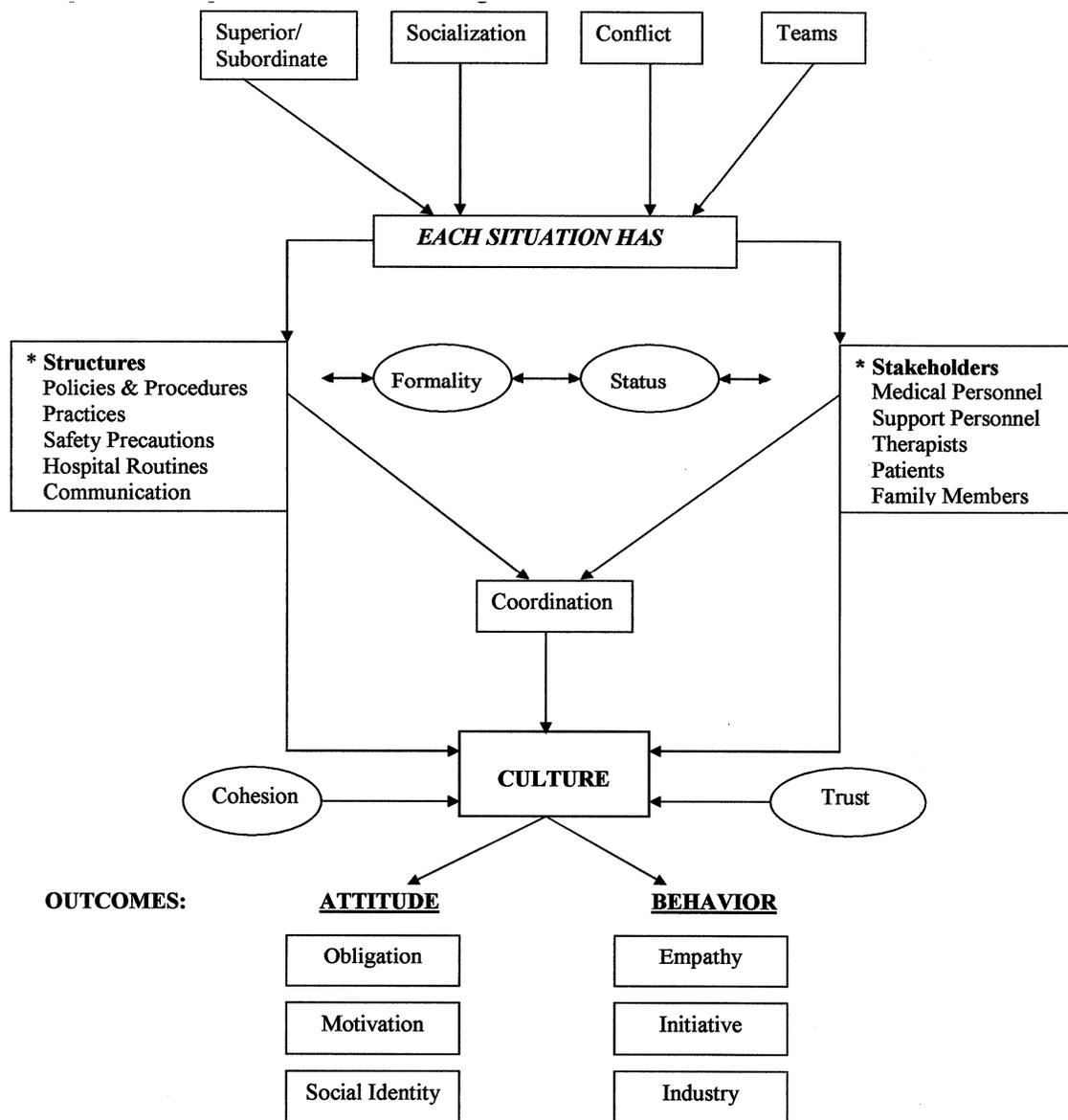
effectively explore and integrate into the culture of their workplace be it a clinic, a hospital, or a doctor's office.

THE MODEL

The proposed model for this article was developed through a synthesis of existing organizational communication literature. Through extensive research, the key elements of organizational communication have been identified. These key elements include structure, superior-subordinate relations, socialization, culture and commitment.^{6,7,8}

In addressing research trends in organizational communication, scholars have addressed the importance of process in understanding the field of organizational communication.⁹ However, the inter-relationships of the concepts are underdeveloped, leaving scholars with a static versus holistic view of organizational communication. The proposed model for this article addresses the inter-relationships among the concepts in a way that reveals their holistic nature in a visual format. The model was developed from previous work that helped establish the key elements of organizational communication.^{6,7,8,9}

Figure 1. Development and Outcomes of Organizational Culture



The model is divided into four major categories: Situations, structures, culture, and outcomes. Each section is unique and interacts with the other categories to produce a visual and holistic view of organizational communication.

The interactions that most affect organizations are superior-subordinate relations, socialization practices, sources of conflict, and team interactions. Superior-subordinate situations involve managers and workers interacting within the structure of a company.¹⁰ Socialization situations involve the actions that acclimate newcomers into an organization.¹¹ Conflict situations stem from differences in perceptions, values, or behavior and address communication during incidences of

disagreement between peers, subordinates, or superiors.¹² Team situations become operative when stakeholders of an organization are brought together for a common goal and are to function as a unit.¹³ These situations, and related factors will be discussed as they relate to clinic and hospital settings.

The interactions within the four situations are each influenced by the structure of the organization (the practices, policies, and procedures typically followed). These structures, in turn, influence the culture of the organization. Attention to the formality of the interactions and the status of the participants reveals much about the culture of the organization.

The structure operates to establish rules and boundaries within an organization that establishes the coordination within the organization. The rules and boundaries include policies and procedures, practices, safety precautions, hospital routines, and how communications is conducted. These qualities are present each situation but differ in how they are evident.

Culture is the outcome of the various situations and the structure and coordination of an organization. Culture is the informal means of conducting business and reflects how the stakeholders see the organization and each other's role in the organization.¹⁴ The outcomes of organizational communication are divided into two forms: attitude and behavior. Attitudes include obligation and motivation to do the tasks. In addition, attitudes include social identity where members relate to their organization. Behavior outcomes are empathy or relating to others, including patients, a willingness to take initiatives, and a sense of industry or hard work toward the job.

Together, the situations, the structure, and those involved coordinate to produce a unique organizational culture. This culture is influenced by group cohesion and the trust among the stakeholders of the organization. In addition, participants' attitudes and behaviors reflect and are influenced by the culture of the organization.

Students in the organization

While students may be intuitively aware of the organizational structure of the clinic, what they are taught most frequently is the development of adequate clinical skills.^{15,16} Therefore, often, little attention is paid to the organization of the clinic in which they are learning. Preceptors, those professionals who serve the students in a mentor-like capacity and instructors are often focused on facilitating students' developmental skills in a safe manner. This focus on clinical skills can influence the organization's structure of stressing patient safety.

Inattention to the organization's culture may result in newcomer uncertainty and thus can jeopardize safety. Therefore, this uncertainty may also disrupt the flow of clinical routines, creating a negative feedback loop. This negative feedback can adversely affect student learning, employee satisfaction, and even patient care.

While it may be difficult to introduce formal organizational communication pedagogy into an already dense clinical curriculum, students' attention can be drawn to communication in different ways. Using the situations presented in this model can be a useful way of incorporating organizational concepts into students' training. By understanding basic concepts of organizational communication, instructors and preceptors can help enhance students' ability to integrate into a clinic's environment. Instructors can make observations, comments, and questions during the course of debriefing and discussions.

Given the situations' key role in organizational communication, addressing situations is a useful approach to understanding organizational concepts in the health care environment. The situations in this model are used to address organizational communication in clinical settings.

Superior-subordinate situations

Superior-subordinate interactions involve hierarchy and the associated roles of the stakeholders. This communication is seen as addressing the different roles each member brings to the interaction and how they will work together.¹⁷ Observing superior-subordinate relationships can help novice practitioners understand organizational hierarchy.¹⁸ Students, while still maintaining ongoing, established relationships with their clinical instructors, also interact with patients, family members, and other health professionals. These various interactions can be enhanced with an understanding of superior-subordinate communication.

Instructors can teach students much about the organizational structure in light of superior-subordinate situations through observations. Instructors can point out the duties of nurse managers, team leaders, residents, attending physicians, etc., in health care organizations that reveal its structure.

Issues of formality and status in superior-subordinate hierarchy can be introduced by asking students questions such as, "Did you notice who is called by first name and who is addressed by title?" Questions such as, "Do nurses interrupt their work when doctors, residents, family members, or nursing students ask them questions?" invite discussion. From these discussions, students can learn about norms of behavior in the clinical context. Further discussion can encourage students to reflect on ways in which status is established and maintained, and how respect is shown. By learning to observe evidence of superior-subordinate relationships, students and novices are empowered to reflect on the appropriateness of their own behavior toward superiors and other members.

Socialization

Socialization involves a pattern of day-to-day experiences in which new employees are exposed to the accepted policies of the organization. This process involves showing the new employees not only their duties but also what are acceptable behaviors and views.¹⁹ In health care literature, socialization is described as gaining knowledge, skills, roles, and attitudes within a given profession. Here, socialization is seen as helping new employees develop an identity, with its associated roles, for the professional medical environment.²⁰

Socialization involves behaviors that serve to create cohesion among group members and to integrate newcomers. Van Maanen and Schein described

socialization as operating at three levels: functional (learning the job), hierarchical (learning the structure) and inclusionary (fitting in).²¹ Until these three dimensions are understood, the employee operates much as an outsider. While operating as outsiders, mistakes such as misreading cues may result in unintentionally disruptive or offensive conduct.

Successful socialization creates cohesion among group members resulting from a shared set of values, attitudes, roles, and views. In order to accomplish this, newcomers must receive directives and feedback as they integrate within a clinic. Newcomers must learn customary behavior over a wide range of areas, including use of space ("That's where I sit!"), time ("Team one goes on break first"), and artifacts ("Who took my pen?"). Instructors can informally ask students to identify other social rituals, such as the celebration of holidays, birthdays, and other significant events. Students can use their understanding of such practices as tools for creating group cohesion. This allows students to both avoid violating expectations and to take a greater degree of control over their integration into the clinical culture. Attention to socialization processes, as well as to informal structures of superior-subordinate relationships, may help students identify older, experienced practitioners. In this way, preceptors, as guides, can serve a vital role in student development and integration into the culture.

Part of the socialization process allows students to develop the empathy skills. This can be done by observing new patients' own socialization into the clinic's routine (such as wearing hospital gowns). Through empathy and socialization, students can evaluate their own validity and skills. This, in turn, can contribute to a progressive culture that is responsive to patient needs.

Conflict

Conflict is inevitable but not always disastrous. As noted previously, conflict can stem from different perceptions, values, or behaviors. Given the pervasiveness of conflict, the stakeholders would do well to understand conflict and its ramifications.²² Recognizing culture as the product of unique, identifiable situations can reduce the potential for many different interpersonal conflicts.

Paying attention to socialization practices and formal and informal superior-subordinate relationships can help students identify potential conflict. Students can rely on their preceptors for their expertise, guidance, and status to help guide them as they encounter conflict.

Given that conflicts occur in the rapid-paced health care setting, the distinction between types of conflict is useful for students. "Content arguments" are those concerning facts or events, such as the accuracy of a chart entry or appropriate dosage of an ordered medication. Another form of conflict, "context arguments," arises from relational or local factors, such as disagreements that

emerge as part of long-standing interpersonal conflicts.

Students can be encouraged to view conflicts as resolvable through open discussion. A question that could be asked is, "If you were manager of this clinical setting, how would you resolve this problem?" In addition, instructors could ask, "What do you think are the major issues in this problem that need to be addressed?" Discussion about these questions can help students understand the qualities of conflict and how to resolve them.

By understanding the structure of an organization, students are empowered to advance in both formal and informal approaches to conflict. Formal procedures often involve dealing with reporting infractions and mediating conflicts. In addition, students can learn about informal practices for mediating disputes. Again, instructors can rely on discussion questions to guide the student in gaining understanding conflict. Questions such as, "How is it done here?" and, "What do you feel should be done?" can guide students toward new views in addressing conflict. Finally, students can learn about acceptable courses of action.

Team Interactions

Independence and clinical discernment are essential for clinical practice. However, in clinical settings, the practitioners are also required to cooperate with other staff. For example, nurses and aides on an in-patient unit may team up to perform all patient care together; students can learn to observe these work patterns in order to establish their own acceptable procedures.

Questions that address the team work nature of health care help address acceptable behavior. Instructors can help newcomers gain insight into the nature of teamwork through discussions and questions. Asking questions such as, "What do people do after change of shift?" and, "What tasks are done before lunch?" are helpful in this context.

Practitioners coordinate their efforts not only with others within their own profession, but also with practitioners from other health disciplines. This coordination extends to family members and the patients themselves.²³ Here, many aspects of actions reflect the unique clinical culture. Students can gain valuable insight when they are familiar with the roles of other members in the clinical culture. One question that may stimulate student's thinking is, "What do you think the surgeon is most interested in knowing when she calls for a patient's lab reports?" Another question worth examining is, "What do you think is most important for family members to know post-op?" These questions focus students on approaching their work as a team. These questions help blend theory and practice in two ways. First, the questions' focus can address clinical performance. Second, the focus can also suggest the variety of professional functions they will perform in health care

situations.

It is also essential to help students understand what duties belong – and do not belong – to the roles of each team member. In a fast-paced clinical environment, duties and tasks become blurred. For example, organizational structures in some clinical cultures may allow portions of nursing history to be taken by nursing aides. Students who are eager to be helpful may find themselves assuming responsibilities beyond their competency, which can lead to infractions by the eager newcomer. An understanding of the roles and responsibilities of all stakeholders within the culture will help protect students from this situation.

Outcomes

As individuals interact and socialize in both routine and emergent situations, the interplay of the organizational situations discussed above creates the unique culture of the organization. This interplay produces outcomes that are both standard to health care and unique to the specific culture.

The interplay of superior-subordinate relations, socialization, conflict, and team interactions all set the stage for the development of cohesion and trust. Members bond to establish an organization's culture through cohesion. In addition, trust influences the amount of credence a stakeholder puts in others' words and actions.^{24,25, 26}

Trust and cohesion are central to the development of a sense of professionalism and ethos, and as such, are an important focus of the students' education. Without trust, there is the risk of distortion.²⁷ Cohesion is an often cited quality of appropriate conduct.²⁸ This development should begin even before students begin the clinical component of their training. Clinical environments in which cohesion among members is lacking are disorganized and unprofessional. In environments where students cannot trust their superiors, they lack the role models by which to develop trust in their own novice professional skills.

Attitudes and Behaviors

An organization's culture influences its participants' attitudes and behaviors. Attitudinal commitment involves obligation, motivation, and social identity among the

members of an organization.²⁹ In clinical settings where cohesion and trust are lacking, practitioners may jealously guard their time and effort, feeling only obliged to do their own tasks. They may also feel little motivation to advocate for others, improve their skills, or work beyond the "bare minimum" to improve patient care. Students working in such a clinical culture may feel unwelcome and that others are uninterested in their learning.

Clinical cultures also affect the development of social identity or sense of belonging. It is important that the students see themselves as a productive junior member of the group and not as a "troublesome outsider."

Another outcome that needs to be addressed is the behaviors within an organization. Many of these have been addressed earlier in the article because of their relation to the concept. Behaviors that are related to organizational communication include behaviors of empathy, initiative, industry, and loyal advocacy of the organization.³⁰ In such a learning-centered culture, initiative and conscientious industry by all members is valued and rewarded. As a consequence, patient satisfaction is high, and staff members are proud to identify with the clinical facility, resulting in positive perception and advocacy.

CONCLUSION

Attracting and retaining talented individuals to the health care disciplines is a source of concern throughout the healing profession. Overwork and poor organization are major contributors to job dissatisfaction and employee attrition, not to mention a significant cause for medical misadventure and practitioner error.³¹ Utilizing a model of organizational communication can aid in understanding basic concepts of organizational culture. This, in turn, can help both experienced and student practitioners improve their organization. Such awareness will provide beginners with insight into the complexities of clinical work.³² They may also gain the tools to positively affect the development of the clinical cultures in which they work. Their skills in maintaining a positive clinical organization will develop as their careers progress, as they take over management responsibilities and socialize new generations of practitioners.

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