
Effects of Communication on Quality Service Delivery in Mission Hospitals in Meru County, Kenya

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Abstract: *Communication is one of the most critical management practices in an organization. It is argued that managers spend over 70 percent of their time communicating. This is because without effective communication, understanding is lost or compromised in the 'noise' and mess that is everyday work life. Communication is effective if done well downwards, upwards and sideways from seniors, subordinates and peers respectively and effective feedback given. The means or channels of communication should also be very clear and short to avoid long bureaucracies and excessive routes that compromise the quality of what is being communicated. The health sector in Kenya is highly regulated by both the Government and relevant professional bodies to ensure quality is maintained in training of medical caregivers and in dispensing services. Three major categories of healthcare service providers exist in Kenya – public, private and mission/faith-based organizations with variants in between. Meru County, one of the forty-seven counties in Kenya, is situated almost at the center of the country and has all these major categories of hospitals. Within the mission hospitals in Meru County, besides the government and professional bodies, close regulation is also practiced by faith-based organizations that sponsor the hospitals. The purpose of this study was to establish the nature and effect of communication in providing quality service delivery in the mission hospitals in Meru County, Kenya. The study was formulated as a survey to cover all the eight mission hospitals namely Nkubu, Chaaria, Kiirua, Maua, Mutuati, Tigania, Igoji and Gitoro. Piloting was done at Wamba mission hospital in Isiolo county to ensure validity of study tools. Descriptive study design was used. Major stakeholders in the hospitals were targeted as respondents including CEOs, Human resource and public relations officers and other staff as internal stakeholders while patients, suppliers and neighbours formed external stakeholders. A total of 128 were interviewed as a representative sample. A drop and pick method was used where questionnaires for each hospital were delivered and distributed to the potential respondents. Some respondents like patients and neighbours were assisted by researchers to fill in the questionnaires to avoid bothering them unnecessarily. Data was analyzed quantitatively using SPSS Version 23 and results described using descriptive statistics and presented in tables. The study found that communication had a significant positive affect on quality-of-service delivery ($R=0.498$, $F=6.922$, $P=0.00$) in mission hospitals. Effective communication and customer care was lauded as a critical consideration in dealing with clients and was emphasized among all levels of staff of mission hospitals to ensure sustainability of quality service delivery. The study recommended further analysis of private and public hospitals on the same parameters for comparison.*

KEYWORDS: communication, quality, service delivery, mission hospitals, Meru County, Kenya

INTRODUCTION

Communication is a critically important aspect of organizations (Daft, 2002) without which they cannot exist (Keyton, 2005). Taylor and Van Every (2000) even argue that communication ‘is the organization’. Therefore, communication has very strong ties to the very core of the organizational existence. Organizational communication is defined as “a complex and continuous process through which organizational members create, maintain, and change their organization” Line managers are often primarily responsible for communication with employees about their work and on organizational information such as decisions, procedures, and policies (Dan Hartog, Boon, Verburg and Croon (2013). Through communication, information is shared to provide fundamental understanding of the tasks that are to be performed as well as the goals to which the organization is striving (Vuuren, Menno & Erwin, 2007). Line managers are also involved in delivering and implementing the organizations HR practices which is critical to employee perception of the practices (Nishii & Wright, 2008). Nishii and Wright (2008) further aver that misalignment between manager and employee perceptions of HR practices can occur when line managers are not sufficiently willing or able to perform HR implementation tasks well either due to lack of communication skills or lack of time due to other priorities. Managers have a central role in communication process as they have a position to provide a bigger picture of the organization, the environment, competing values and preferences of stakeholders to other organizational members (Robinson and Tourish, 2005). There is a possible direct relationship between managerial communication and attitudes about the organization such that when a manager fails to provide this big picture either due to physical absence or lack of skills, subordinates may lose sight on the organization and the goals may not be motivating (Vuuren et al, 2007). The quality of managers organizational communication in terms of whether they provide sufficient amount of information about the work and organization to employees, whether employees understand the information they receive from their managers, and whether employees find the information communicated to them useful (Den Hartog, et al) is critical to the success of organizations in achieving their goals. Vuuren et al (2007) further aver that while it is easy to show the harmful effects of poor managerial communication, it may be hard to pinpoint the positive consequences of managers with great communication skills or even the effect to organizational success. When messages sent to employees are clear, sufficient and consistent, employees are likely to have more accurate insight in the organizational policies including those related to HR and contribute to firms’ success.

Quality service is defined as conformation to specifications or quality of products and services that need to satisfy customers in accordance with their needs and expectations. The distinct healthcare characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality (Endeshaw, 2019) and the complex nature of healthcare and requirements for ethical considerations when subjected to a problem, compound the definition of quality. Healthcare service quality, as a result of intangibility, relies upon the interaction between healthcare service process, patients and healthcare providers. Berry (2019) emphasizes that in no other service is managing the ‘customer experience’ more important than the healthcare since the patient experience is a key indicator of quality of outcome.

Statement of the problem

Healthcare institutions in Kenya have been perceived to be struggling in the recent past due to the increasingly rising cost of providing medical services and the competition in the market among others. Some private hospitals have risen their charges beyond reach of the ordinary citizen rendering themselves inaccessible and exclusive for the rich. Provision of Public health services was devolved in the 2010 constitution and belong to the county governments. This has posed a challenge in timely access of exchequer releases leading to some periods without essential provisions like drugs, equipment and materials in the counties and rural areas. Kenya is in the process of implementing a Universal Healthcare Programme that targets providing affordable health services to all citizens regardless of their financial status. This is mostly through Government hospitals that are managed by County Governments. However, the public hospitals have challenges around the bureaucracy of getting resources and translating them into services in timely manner. Mission hospitals have been providing a cushion for resource constrained Kenyans since they are not for profit and have been offering this as a service by the faith organizations that sponsor them. Efficient delivery of services is a function of several factors key among them being effective communication and good customer care. To establish the effect of these factors on the quality-of-service delivery by mission hospitals, this study was formulated with an aim of establishing the relationship between the communication by healthcare workers in mission hospitals and the quality of service received by customers or clients.

Purpose/objective of the Study

The position of effective communication and customer care to the success of business cannot be overemphasized. Since the extent of the effect of this had not been established in mission hospitals, the study focused on bringing out the actual effect and whether there was any correlation between communication and quality service delivery. The objective was to establish the effect of communication on quality service delivery with the null hypothesis that there was no relationship between communication and quality service delivery in Mission Hospitals in Meru County

Justification

Mission hospitals where found, play a critical role in providing healthcare services to patients especially in rural areas where the majority are resource poor and hardly ever afford services of private hospitals yet government hospitals do not or cannot provide the essential services due to a myriad of problems tied to bureaucratic processes. However, the quality of healthcare in mission hospitals has been witnessed to decline albeit at a lesser rate than that of public healthcare providers threatening clients with limited access to essential medical services. This is despite government efforts at providing universal healthcare to all Kenyans. This is an unacceptable situation and whatever may militate against smooth provision of healthcare in this special category of providers (mission hospitals) must be addressed to ensure smooth flow of services. Among the factors considered as critical to provision of quality healthcare were human resource, finances and communication. This paper specifically addressed the role of communication in provision of quality healthcare to elucidate the effect and provide suggestions to enhance efficiency in provision medical services. This was with the knowledge that, where communication and customer care fail, the organization suffers considerable image damage. To ensure efficiency and effectiveness of

service delivery, serious organizations invest in training on customer care and communication. For quality service provision, the health care sector as a critical survival sector needs to have effective communication. This study would not have made sense without establishing if there was a relationship between communication and quality of service delivery in the mission hospitals in Meru (and by extension, other areas).

Scope and limitations

The study was designed to cover Meru County only although piloting was done in Wamba mission hospital in the neighbouring Isiolo County. The study was further confined to mission hospitals since they were seen as a reprieve or compromise between expensive private hospitals and inefficient, sometimes ill-equipped public hospitals. The study was done as a cross sectional, one – time review. The findings may be limited in application since the situation may be different in public and private hospitals hence no generalization of recommendations across the board without further interrogation of the phenomenon.

LITERATURE REVIEW

Communication and Quality Service Delivery

Communication is important in organizational functioning and has been proposed as a means of bringing about greater organizational effectiveness and sharing information is one of the easiest and most effective ways that managers can foster employee involvement within the organization and employees must be given information about the company, its activities, goals, and directions as well as be allowed to have channels through which to pass information up to management. Allen (1992) found that in organizations involved in total quality management, communication variables explained up to 59 percent of the variance in organizational commitment emphasizing the role of communication. Aikins, Ahmed and Adzimah (2014) in assessing the role of quality service delivery in client choice for healthcare in Bechem Government hospital and Green Hill hospital in India, found that communication was very important as it facilitated information flow. They found that for service givers to understand their client needs, they had to be in a continued communication if satisfaction had to be realized from the client's side. Through continued monitoring and evaluation of the client's history, a main cause and solution to the problem was found. Sang Lee, Lee and Kang (2012) emphasizing on the role of communication in the healthcare industry posited that the industry is different from other service industries because healthcare deals with the dimensions of patients' need for disease treatment and/or improved wellbeing. The need for customer care that derives customer satisfaction was emphasized. Service delivery is a business component defining relationship between the providers and customers with services being offered by the provider in form of tasks or information leading to value gain or loss (Rae, Bohringer, Ashman, Brown, & Collins, 2016). A recent study by Perera and Dabney (2020) which assessed the overall quality of and patient satisfaction with the services, using patient expectations and perception showed that the intangible aspects are the most important predictors of a positive patient experience which could maintain a positive relationship overtime (Jain, et al., 2017).

Although not directly related to communication but implied since managers spend most of their time communicating in organizations, a study in Kenya by Nzinga et al, (2019) on the hybrid role of professional healthcare providers as managers at various levels of medical facilities in the County hospitals found that balancing the roles was a difficult task. This was more so because the medical practitioners often lacked managerial skills yet enactment of their roles was determined by strong professional norms, official hospital management norms and local practical norms developed in response to the context. Therefore, quality service delivery in Kenyan County hospitals which delivers essential healthcare to more than 80 percent of the population (Couper et al, 2002) especially in the rural areas was very much dependent on the ability of the healthcare professional to juggle between their medical skills and managerial abilities learnt on the job. Customer satisfaction is defined as the pleasurable emotional state of customers' feelings based on their experience from the services received in an organization and plays a dominant role in eliciting positive work behaviour (Akinwale et al., 2020). Customer satisfaction also plays a critical role in improving reputation and image of the organization through positive word of mouth (WOM) of satisfied clients. There has always been a consistent support for a positive relationship between communication and job satisfaction in hospitals. Job satisfaction of employees lead to several positive behavioural outcomes at work and productive work that enables employees to satisfy customer/patients (Akinwale et al., 2020). Musenze, Munene, Ntayi and Balunywa (2014) did a study in Uganda's local Government on how quality service delivery was affected by communication with total quality management as the mediating variable and concluded that quality service cannot be realized in absence of communication. It is through the continued monitoring on the quality produced from the beginning that quality services are realized hence the three variables cannot be separated since the expected quality is communicated in advance and the services given are reported through a feedback system. In hospitals, positive word of mouth (WOM) from patients can create opportunities to attract potential customers to use the hospital services, which results in improved performance of the hospital.

METHODOLOGY

Research Design and population

The study adopted a descriptive research design. Descriptive research design allowed representation of the entire population by the sample selected with the findings applied to the entire population. Bryman and Bell (2014) stated that a descriptive design is concerned with determining the frequency with which events take place and how variables are related. Target population of the study was stakeholders in all the eight Mission Hospitals in Meru County. The target population is the total number of items under investigation (Kothari, 2004).

Sampling

This study adopted purposive, judgmental and simple random sampling to arrive at the sample. Among the key respondent categories, purposive, judgmental sampling was used to identify respondents. Purposive sampling was used to select the CEOs, Finance Officers and the human resource managers as they were selected on purpose. They were perceived as custodians of the required information. Judgmental sampling was used to select the customer care officers and

communication/quality assurance officers as the assumption was that they could give reports and responses on the quality of services since they interacted directly with the clients and guests while at the same time, they received compliments and complaints. Simple random sampling was used to select the suppliers, patients and neighbors as they were the consumers of the services and the assumption was that they received similar treatment and services. At the same time, they all had equal chances of being selected eliminating bias in sample selection.

Sample Size

The sample size was one hundred and twenty-eight (128) respondents comprising of CEOs, finance officers, human resource managers, customer care officers, communication quality assurance officers, suppliers, patients and neighbors as shown in Table 1.

Table 1: Sample Size

HOSPITALS	Nkubu	Igoji	Chari	Kiiru	Tigani	Gitoro	Maua	Mutuati	Total
RESPONDENTS									
CEO	1	1	1	1	1	1	1	1	8
Finance	1	1	1	1	1	1	1	1	8
HR	1	1	1	1	1	1	1	1	8
PR Officer	1	1	1	1	1	1	1	1	8
QA Officer	1	1	1	1	1	1	1	1	8
Suppliers	3	3	3	3	3	3	3	3	24
Patients	5	5	5	5	5	5	5	5	40
Neighbours	3	3	3	3	3	3	3	3	24
Total	16	16	16	16	16	16	16	16	128

Source: Hospital Human Resource departments, (2020)

Data Collection Instruments and Procedure

Structured questionnaires taking the form of qualitative and quantitative questions were used to collect primary data while secondary data was gotten from published sources. Questionnaires are research instrument that have a series of questions and other prompts for the purpose of gathering intended information from the respondents (Bell, Bryman & Harley, 2018). Questionnaires were administered through drop and pick where five-point Likert scale was used to rate the responses with 1- strongly disagree, 2-disagree, 3-neither agree or disagree, 4- agree and 5- strongly agree.

Reliability and Validity of Research Instruments

Reliability refers to the consistency of measurement and its frequency assessment using test re-test reliability method (Silverman, 2016). To test whether the instruments were reliable, the author used Cronbach's Alpha with a range of 0-1 where scores of 0.7 and above indicate that the instrument has a high level of internal consistency and reliability. The author conducted a pilot study in the neighboring Isiolo County in Wamba Mission Hospital to enhance the reliability of the questionnaire after incorporating feedback from respondents in the pilot study.

Data Analysis and Presentation

Data gathered was scrutinized to ensure its completeness and comprehensiveness. It was summarized, coded, tabulated and entered into SPSS (Statistical Package for the Social Science) for analysis. Descriptive statistics especially frequencies and frequency percentages were used to interpret the implications of the findings. Presentations were made in tables. To test the relationship between variables, linear regression analysis was carried out.

Response rate

The study distributed and administered a total of 128 questionnaires to the mission hospitals in Meru County. At the end of data collection, 111(87%) out of the 128 questionnaires were returned fully filled as required. 17(13%) of the questionnaires were not returned which were adequate for analysis and interpretation of results.

Reliability analysis

On reliability tests a Cronbach's alpha ($\alpha=0.87$) was gotten with the instrument being considered to have a high level of internal consistency for data collection.

Respondents' positions in the hospitals

The respondents' positions were as shown in Table 2.

Table 2: Current positions of respondents

current position		Frequency	Percent
Valid	Chief executive officer	7	6.3
	Financial controller	8	7.2
	Human Resource Manager	8	7.2
	Customers/patients	33	29.8
	Merchants/suppliers	21	18.9
	quality control officer	8	7.2
	customer care officer	8	7.2
	neighbours	18	16.2
	Total	111	100.0

Source :(Analyzed data, 2021)

Respondent's level of education.

The majority of the respondents 67(60.4%) had diploma level of education. This was followed by 21(18.9%) who had certificates in secondary or primary education. All the respondents had the ability to respond to the research questions without difficulties (Table 3).

Table 3: Highest Education level of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid others	21	18.9	18.9	18.9
diploma	67	60.4	60.4	79.3
undergraduate	19	17.1	17.1	96.4
Masters	3	2.7	2.7	99.1
PhD.	1	.9	.9	100.0
Total	111	100.0	100.0	

Source: (analyzed data, 2021)

Length of service

In terms of length of service, 33(29.7%) which was 11 years and above was the highest. While 31(27.9) with between 6 – 10 years was second, followed by 28 (25.9%) 3 - 5 years and lastly 19(17.1%), 0 – 2 years (Table 4). The majority of the respondents had stayed for long in the institutions and hence were able to provide the required information on strategic implementation and quality service delivery.

Table 4: Length of service of respondents in the hospitals

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-2 years	19	17.1	17.1	17.1
3-5 years	28	25.2	25.2	42.3
6-10 years	31	27.9	27.9	70.3
11 years & above	33	29.7	29.7	100.0
Total	111	100.0	100.0	

Source :(Analyzed data, 2021)

Communication and quality service delivery

On communication 57(51.7%) strongly agreed that the feedback is regularly given in the hospital. While, 65(58.6%) agreed that there was a well-defined chain of command for efficient communication. Similarly, 65(58.6%) of the same agreed failure to communicate in time was punishable in the hospital (Table 5).

Table 6: Indicators of Communication for quality service delivery

STATEMENT	1 -SD	2-D	3-N	4-A	5-SA
1. Feedback is regularly given in the hospital			3(2.7%)	51(45.9%)	57(51.4%)
2. There is a well-defined chain of command for efficient communication			6(5.4%)	65(58.6%)	40(36%)
3. The channels of communication within the organization are very effective			7(6.3%)	60(54.1%)	44(39.6%)
4. The communication flows are official, efficient and accountable	2(1.8%)	2(1.8%)	2(1.8%)	62(55.9%)	43(38.7%)
5. Failure to communicate in time is punishable in this hospital	2(1.8%)	2(1.8%)	5(4.5%)	65(58.6%)	37(33.3%)

Source :(Analyzed data, 2021).

Regression result for communication

This study revealed a positive relationship between communication and quality service delivery. (R=0.498, F=6.922, P=0.00). Therefore, the null hypothesis of no relationship between communication and quality service delivery was rejected Table 6.

Table 6: Regression results for effects of communication on quality service delivery

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. Change
1	.498 ^a	.248	.212	.617	.248	6.922	5	105	.000

a. Predictors: (Constant), failure to communicate in time is punishable in this hospital, the channels of communication within the organization are effective, there is a well-defined chain of command 4 efficient communication, feedback is regularly given in the hospital, communication flows are official, efficient and accountable

Quality service delivery

The dependent variable of this study was quality service delivery. The Majority, 55(49.5%) strongly agreed that the customer compliments were always well received. 59(53.2%) agreed that there is hospital growth in numbers and the same percentage agreed that profits are continually increasing. Table 7 presents the information. The findings were consistent with arguments of Sang et al, (2012) that when organizations support employees to develop positive relationships with customers, employees’ attitudes and behaviors lead to improved customer service and quality of service delivery.

Table 7: Indicators of quality service delivery

STATEMENT	1 -SD	2-D	3-N	4-A	5-SA
1. Customer compliments are always well received	1(.9%)		6(5.4%)	49(44.1%)	55(49.5%)
2. Customer complaints are received and acted upon promptly		3(2.7%)	6(5.4%)	57(51.4%)	45(40.5%)
3. There is hospital growth in numbers	1(.9%)		7(6.3%)	59(53.2%)	44(39.6%)
4. Profits are continually increasing	1(.9%)		7(6.3%)	59(53.2%)	44(39.6%)

Source :(Author, 2021)

This in turn leads to increased customer royalty and return or repeat buying of the service and enhance positive or favourable word of mouth (WOM) marketing (Heskett, Sasser, & Schlesinger, 1997). This is in agreement with the assertion by Anderson et al., (2018) that focusing on patient experience is part of an overall strategy for improving performance and outcomes such as reducing hospital readmissions.

DISCUSSION

Communication and quality service delivery

This study revealed a positive relationship between communication and quality service delivery. For instance, top-down communication is relaying of information from top management to the subordinate staff. During this process feedback is very essential. So, communication enables creation of understanding between the managers and the employees as well as the clients. Communication is very important in improving quality of service delivery. Satisfied patients enjoy sharing their experiences and information on treatment with other people and their feeling about the hospital affects their level of satisfaction (herzlinger, 2006). This satisfaction is derived from satisfied employees with the right attitudes (Sang, et al, 2012) permeating to clients. From the findings, the purpose of the study was largely achieved. Its implication in the Kenyan context is that medical facilities or organizations involved in provision of healthcare need to establish very clear channels of communication within the staff and patients, the other stakeholders and clients (families and their relatives).

CONCLUSION AND RECOMMENDATIONS

The study objective was achieved but further studies on public and private hospitals was recommended to shed more light on the effects of communication on quality service delivery in healthcare provision. A time series analysis would give more elaborate results. There is need to enhance communication in healthcare facilities in the country which calls for more research on how this is done especially in public hospitals which are the majority and for which resource constrained Kenyans would find reprieve if they functioned better than private and mission hospitals and if they were affordable especially in advancing the efforts at universal healthcare.

Besides communication, other factors that would impede quality service delivery in hospitals would also be researched with a view of addressing the gaps.

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