

S du Toit
PJ Schutte
G de Wet

The internal communication plan as an instrument for the implementation of HIV/Aids policy in a hospital

ABSTRACT

This study addresses the internal communication problems of a hospital with regard to the implementation of the HIV/AIDS-policy within a diverse workforce.

The research was conducted to determine how well nursing and service health workers at a hospital in North West had been informed about the HIV/AIDS policy of the hospital. It also aimed to determine what suggestions these staff members as well as the staff representatives of each department had as regards the communication and implementation of the HIV/AIDS policy in the hospital.

The results of the questionnaires and interviews indicate that the nursing and service health workers of the hospital have poor levels of knowledge of the content of the HIV/AIDS policy and that their communication needs are not met in the implementation of the existing HIV/AIDS policy. Recommendations are made with respect to the development of an internal communication plan to improve the implementation of the HIV/AIDS policy of the hospital.

Sunél du Toit is a former MA student of the School of Communication Studies at the Potchefstroom University. Paul Schutte is an Associate Professor and Director of the School of Communication Studies at the same university. Gideon de Wet is Professor and Vice-Chair of the Department of Communication at RAU.

1. INTRODUCTION AND PROBLEMSTATEMENT

According to a report that was published in *Rapport* on 24 February 2002, up to 26% of the employees of certain big South African companies have contracted HIV/AIDS. Annually, South African organisations lose, on average, 3% of their employees as a result of AIDS (Smart, 1999:5). In the light of this it would be expected that every organisation would address the HIV/AIDS problem, since all employees run the risk of getting infected or are already living with the virus. It is especially important in high risk organisations such as hospitals, where the danger of HIV/AIDS is an everyday reality. In hospitals the risk is considerably higher than in ordinary business organisations, due to the fact that hospital employees have physical contact with HIV/AIDS patients and are working with human bodily fluids. According to the World Bank Report (Anon., 2000:2), 50-60% of patients in state hospitals in South Africa are HIV positive. This problem encourages hospitals to develop a unique policy that contains the views of the organisation regarding HIV/AIDS as well as guidelines for the handling of situations arising from to AIDS. It is hoped that if an HIV/AIDS policy is implemented efficiently in the organisation in question, the employees will have better knowledge of the virus, and will be more careful in high-risk situations (UNAIDS/PENNSTATE, 1999:30).

This study focused on a private hospital in North West which may be described as a high-risk organisation. Internal communication, as an instrument for the implementation of the organisation's HIV/AIDS policy, was investigated. The hypothesis is made that hospitals must in particular be prepared to address the pandemic in specific yet different ways because each situation requires a unique approach, not only because the physical situation requires this, but also because of complex set of variables that accompanies HIV/Aids policy management issues.

According to Coelen (pseudonym) (2001), head of the Infection-control unit, the hospital's HIV/AIDS policy is developed from the HIV/AIDS policy of the Hospital Association of South Africa. The core of this policy is that employees must behave in such a way that the privacy of patients, with regard to their HIV/AIDS status, is respected (Constitution of South Africa, 1996: sec. 14 and sec. 12(1)). Furthermore, the safety of employees should be guaranteed with regard to the danger that they might be infected while working (Occupational Health and Safety Act 85 of 1993).

According to Coelen (2001), the hospital does have a policy with regard to HIV/AIDS in general, as well as a policy on the procedure to be followed if an employee comes in contact with the virus. This policy consists of a collection of general and training documents, which are updated as new information on the virus becomes available. The purpose of the HIV/AIDS policy is to prevent, within the boundaries of practicality and

cost, the infection of an employee by a patient or vice versa (Jordaan, 1997:2). According to Coelen (2001) the policy is “relevant and complete” but a problem exists with the implementation of such a policy. In the hospital no internal communication plan exists that is able to provide information on a regular basis to the employees with regard to the HIV/AIDS policy. The majority of the employees are possibly not even aware of the existence of a policy to protect them (Coelen, 2001). Ineffective communication and even the absence of a communication plan have fatal consequences (UNAIDS/PENNSYLVANIA, 1999:30). Therefore one can conclude that effective communication about the hospital’s HIV/AIDS policy is of the utmost importance. Against this background, an understanding of internal communication as an instrument in the implementation of an HIV/AIDS policy becomes part of the research.

Having said that, from a communication management point of view it is essential to have a communication plan for the implementation of the HIV/AIDS policy. In fact the HIV/Aids policy can and should be one of the most important documents and strategies as part of the internal communication strategy of a hospital. Problems that the hospital might face with the implementation of the HIV/AIDS policy were anticipated and the following research questions were asked:

- a) Do the employees on nursing and domestic levels have knowledge of the content of the hospital’s current policy?
- b) What is the opinion on the current policy of the employees at these two levels who know about the policy?
- c) What suggestions would the employee representatives (key figures) on each level make with regard to the implementation of the policy?
- d) What should an internal communication plan for the implementation of the HIV/AIDS policy of the hospital’s diverse internal staff look like?

Thus, this research focused on the lack of implementation and communication as the core problem. Further, the study was based on the following theoretical statement: It is important for a hospital in South Africa to have an internal communication plan (based on expert knowledge) for the implementation of the HIV/AIDS policy, in order to ensure that employees at every level of the hospital are posted on issues with regard to the AIDS virus as well as with regard to the implications of the implementation of the policy. In other words: HIV/AIDS demands to be handled as an integrated part of the internal communication management and has an impact on the whole system. An effective internal communication plan must take the diversity of employees into account with regard to the communication of information on the policy, as well as the handling of AIDS-related situations. Communication is an essential element of management because information cannot be correctly transferred without interactive

communication between management and employees. The lack of such communication will leave the organisation with uninformed employees. This can have fatal consequences in the context of HIV/Aids environments such as hospitals.

2. THEORETICAL ORIENTATIONS: THE SYSTEMS THEORY AS AN APPROACH TO INTERNAL COMMUNICATION PLANNING

Having stressed the importance of a conceptual framework for the understanding of how to deal with complex interactive systems, a number of theoretical approaches need to be looked into.

Over the years a variety of theories regarding communication planning and management emerged, including the systems approach and chaos theory. According to Verwey and Du Plooy-Cilliers (2003:37), chaos theory has its roots in the systems approach and focuses on how order originates from the interaction of the different parts of the whole. In this regard organisations need to be open, flexible and adaptable and they need to function at the edge of chaos (Ströh, 1998:23). Entropy must thus be turned into something positive for the organisation.

For the purposes of this study the focus will be on the systems approach as conceptual framework because it has been a widely recognised approach to the understanding of the communication and management complexities of organisations. See in this regard Cutlip, Centre and Broom (1994) and Rensburg (1996). However, the shortcomings of the systems approach, especially with reference to concepts like entropy and balance, need to be recognised. The complexity of situations forces organisations to be constantly in dynamic interplay with the total complexity of internal and external environments. Chaos must be strategically factored into internal communication plans.

In this regard Claasen and Verwey, (1998:74), postulate that an organisation must be seen as a system with a dynamic interrelationship with the environment in which it functions, in order to understand an integrated approach to communication planning and management. With the argument of Claasen and Verwey (1998) in mind, the focus will be on the systems approach, since the organisation can be seen as a social system divided into subsystems (Kreps, 1990:93).

The basic concept of the systems theory, as developed by Bertalanffy (1969), is that the whole is equal to the sum of its parts (Rensburg, 1996:51). This theory is about “wholes which consist of interdependent parts”, the relationship between these parts and the relationship between the “wholes” and their environments (Bredenkamp & Rensburg, 1991:8).

According to Cummings, Long and Lewis (1988:51), the concept of an organisation as an “open” social system that takes energy from its environment, processes the energy and puts it back into the environment, was made popular by Katz and Kahn (1966, 1978). The structure and functions of such a system change constantly as the environment in which the system functions changes too. This “open” system also consists of subsystems. In the context of this study, the hospital as an organisation may be used as an example. The hospital system consists of various subsystems, for example the administration department, the pharmacy, the ward units and the maintenance division. In contrast to open systems, closed systems are fixed with boundaries that do not allow any interaction with the environment (Kreps, 1990:95).

According to Rensburg (1996:52), the following are key concepts of the “open” systems theory, which will be discussed as examples in the context of the implementation of the HIV/Aids policy as subsystem. It must also be pointed out that these concepts represent an active and complex interplay between and amongst one another. There is no linearity in terms of the contributions of these elements to the composition of the whole.

- *Feedback*

Open systems are influenced by the environment in which they function and also affect the environment through their outputs. In the context of this study, feedback on the implementation and contents of the hospital’s HIV/AIDS policy from the employees would be crucial for the improvement, evaluation and monitoring of the employees’ understanding and application of the policy and practices. Feedback from the environment refers, amongst other things, to the influence of the national and provincial HIV/AIDS policies, legislation regarding HIV/AIDS and the public opinion about HIV/AIDS. This becomes *inter alia* crucial for the continuous refinement and updating of the internal policy and thus internal communication strategy.

- *Balance*

A system’s survival depends on dynamic balance (homeostasis or equilibrium) between its energy input and product output (Bredenkamp & Rensburg, 1991:9). However, it must be stressed that the interpretation of the concept “balance” as a dynamic, never static orientation to the internal and external contexts of the hospital should be kept in mind. Open systems are dynamic and constantly transforming inputs into outputs. Policy formulation and implementation as part of the internal communication plan would rely very heavily on credible information as provided by official and other sources of information, both internally and externally to the hospital. One could say that the process, contents, implementation, and monitoring of the policy internally depends on the dynamic interplay as understood by the concept of balance in the context of the hospital.

- *Input*

In order to function effectively and maintain itself, open systems require energy, people, material and information. This may be seen as system inputs (Baskin, Arnoff & Lattimore, 1997:22). The hospital personnel and the services rendered may be seen as an example of some of the hospital's inputs. This would be very important for the development, implementation and monitoring of the HIV/Aids policy as part of the internal communication plan.

- *Processing*

This refers to the process where inputs are changed into outputs (Baskin, et al., 1997:22). Managers and health workers at a hospital can, for instance, transform data into a policy that can protect employees from being infected with HIV/AIDS in the workplace. This would however require certain managerial inputs and processes such as regular meetings, opinion surveys, etc. for the gathering and coordination of information received. Communication is central to these processes.

- *Output*

Whatever the system puts out - whether it is services or products - may be regarded as system outputs (Baskin, et al., 1997:22). The nature of the system outputs can ensure or endanger the system's survival. In the context of policy implementation, the system outputs would be regarded as the contents of the policy on HIV/Aids which would allow employees to make informed decisions in an HIV/AIDS situation, since they should be well-informed about the consequences of getting exposed to the virus. But equally important, these outputs would also serve the purpose of being proactively inclined in the sense of preventing conditions that could lead to potentially deadly situations.

- *Interdependency*

Interdependency refers to the connection and mutual influencing of the subsystems, as well as the interaction of the system with the environment. An organisation that functions as an open system has to adapt to the changes in its environment with which it has an interdependent relationship (Bredenkamp, 1991:9). Therefore the hospital must update its HIV/AIDS policy, for example when the government's legislation about HIV/AIDS changes, as well as according to its own judgment concerning particular situations that have potential consequences for the hospital. Interdependency also requires a proactive orientation from management. Also, its interrelationships with employees as sources of information in terms of how they are performing their tasks, their applications and adherence to the policy would be very important for the continuous appraisal of the situation. The internal communication plan gets informed in a strategic way through the processes of interdependence. It is in a way a product of these processes.

- *Boundaries*

An organisation is both separated from and part of the environment in which it functions (Rensburg, 1996:52). The flow of information, or the “boundaries” between the system, the subsystems and the environment in which the system functions, must be effectively managed by a communication manager, who acts as a “channel of communication” for the flow of information, to unite the systems as a functioning “whole” (Claasen & Verwey, 1998:75). In this context the boundary between the hospital and its environment may be identified and viewed through the HIV/AIDS information and education environments which in effect required a complex process of boundary redefinition and interpretation due to the dynamic and ever-changing context. This is especially applicable in the South African HIV/Aids communication and information environments, which are highly volatile. The permeability of boundaries does not leave any room for isolation from the environments. The two systems, namely the hospital and its environment, should be interrelated as a “whole” in the battle against HIV/AIDS. This has a direct bearing on the communication plan and policy matters regarding HIV/Aids.

In addition to the above, Corman, Banks, Bantz and Mayer (1990:116) add the following general characteristics of open systems:

- *Negative entropy*

In order to survive, open systems must work against the process of entropy and reach negative entropy. The process of entropy points to disorganisation or malfunctioning of the organisation. Systems stay alive if this process of entropy is dealt with proactively as an opportunity to move away from the immanent chaos to new levels of organisation and goal attainment (Corman, et al., 1990:117). The hospital can, for example, fight negative entropy by constantly staying aware of new developments on the level of HIV/Aids information, changes to existing policies, new ways of dealing with HIV/Aids in the context of diversity management, etc. This, however, cannot be left to chance, but must be dealt with strategically. The internal communication plan is a perfect instrument to deal with the challenges posed by HIV/Aids in a transparent way. Transparency internally can go a long way towards using entropy in a proactive sense.

- *Differentiation*

Open systems move automatically towards differentiation, precise expansion and the specialisation of functions. This means that primitive and general functions within an organisation will over time develop into specialised functions. Normal interaction between subsystems, for example, can develop into regulated feedback, which fulfils a specific function (Rensburg, 1996:52). An internal communication plan that is managed according to recognised communication management principles can contribute immensely to the efficient management of differentiation processes in the hospital. In this way feedback about the communication of the HIV/AIDS policy might develop into a regulating function within the communication plan for the implementation of the policy.

- *Integration and co-ordination*

While differentiation within an open system continues, it is countered by processes which combine the system to function as a whole (Claasen & Verwey, 1998:75). An open system, like a hospital, needs to co-ordinate and integrate in terms of all its actions (external and internal), to achieve the overhead organisational goals and to function effectively. What is the implication of systems theory for internal communication, communication planning and management? The mere fact that communication planning and management takes place in the organisational context, makes this theory relevant to internal communication. Information needs to flow effectively through the system (organisation) and all its subsystems.

Claasen and Verwey (1998:80) argue that the systems theory might contribute to the development of an integrated communication management approach, if the functions of communication channels and the boundaries of systems and subsystems are understood. In order to apply the interaction and integration of communication planning, communication management policy implementation and evaluation with regard to HIV/AIDS, the hospital must be seen as an open system. Thus, the qualities of an open system must be taken into account, for instance, in the planning, implementation and evaluation of an internal communication plan.

It is also important to note, however, that the systems approach has particular inhibiting qualities. The emphasis on input, throughput and output, for example creates the impression of a linear conceptual and operationalised process. The complexity of situations requires a dynamic yet focused interplay between the qualities of the approach, most often in a non-linear development context. The principle of balance or equilibrium complicates matters in this regard, especially where chaos could be seen as an opportunity to move to new levels of efficiency and goal attainment. Having said that, the conceptual quality of the systems approach remains highly applicable for this kind of study.

According to Rensburg (1996:52) an internal communication planner and communication manager can benefit from the concept of the systems theory. The concept and the way that communication planning works in terms of inputs, processing/transformation and outputs, might strengthen the objectivity and contextualisation of the communication planner's way of thinking.

In the next section the focus will be on internal communication within the organisation, while the principles of the systems theory, as discussed above, are kept in mind as the basis for the functioning of the organisation.

3. INTERNAL COMMUNICATION IN THE ORGANISATION

In this section attention will firstly be paid to the functions and structure of internal communication and secondly to the requirements of effective internal communication. It is important to bear in mind that internal communication must be well-managed, to ensure its effectiveness. This is the reason why the element of management must be investigated in every component of internal communication. For example, the functions of internal communication would have no purpose if it is badly managed, and internal communication channels would also not reach their potential if they are mismanaged. In a small organisation/hospital the manager would also act as the communication manager, if no such position exists. The manager of the hospital will be responsible for the internal communication planning and management in such cases. In bigger organisations there might be a position for a communication manager, who can handle the organisation's internal and external communication.

In order to describe "effective internal communication", the basic functions of internal communication as well as the information flow in organisations must be discussed.

3.1 The functions of internal communication

When an organisation implements effective, successful internal communication and it is managed effectively, the results might be competent and productive employees, an attainment of the organisational goals and improved public relations (Baskin et al., 1997:234). Two important functions of an internal communication plan are to interpret and implement organisational policy issues and to fulfil the informational needs of employees with regard to relevant matters (Argenti, 1998:237).

According to Rensburg (1996:108) the following functions of internal communication can be identified:

- *The information function*

This function is about providing information to ensure the effective functioning of the organisation. All members of the organisation need a constant flow of information in order to reach individual and organisational goals (Bredenkamp & Rensburg, 1991:13). Both managers and employees of an organisation depend on accurate, well-organised information to do their work as desired, to make decisions and to resolve conflict. Furthermore, an organisation needs information to adapt successfully to the changes in its environment, and to evaluate its current position and functioning (Kreps, 1990:215). Information also plays a major part in the implementation of change in the organisation (Kreps, 1990:214).

- *The regulating function*

This function is necessary to ensure the effective and successful functioning of the organisation. Textbooks, policy documents, memoranda, rules and instructions are guidelines on the basis of which management makes decisions for employees to follow. Rensburg (1996:108) identifies two main functions of regulating messages in the organisation:

- a) to inform employees about the kind of instructions they must carry out to complete specific tasks, and
- b) to inform employees with regard to limitations in their behaviour in the organisation, for example rules regarding smoking. These kinds of messages are mostly sent down from management to the employees.

- *The integration function*

The aim of this function is to build organisational unity and group cohesion. Thus, the primary focus of this function is to ensure identity and unity (Argenti, 1998:174). The definition and explanation of goals and tasks for the intercalation of new members in the organisation, as well as the co-ordination of work schedules of individuals, groups and departments, also fall under this function.

- *The persuasion function*

In the context of internal communication in an organisation, persuasion and collaboration can be used by both management and employees (Baskin, et al., 1997:240). Persuasion is often a more effective way to get employees to co-operate than a domineering and authoritarian approach. The process of persuasion also leads to higher levels of co-operation from employees in important processes in the organisation. In the same way, employees could use persuasion, for instance, to ask for a raise.

The functions of internal communication must be seen against the backdrop of the flow of information in the organisation, since the provision of information is the primary function of internal communication. The next section will focus on the directions in which information in the organisation is supposed to flow.

3.2 The flow of information in the organisation

According to Kreps (1990:201) the formal flow of information happens in certain structured channels and directions, while the informal flow of information does not follow planned formal directions and channels in the organisation, but develops out of natural social interaction between members of the organisation.

According to Marriner-Tomey (1988:243), one can distinguish between downward, upward, lateral, and diagonal communication systems with regard to the formal flow of information:

- *Downward communication*

Downward communication follows the traditional flow from management to employees (Baskin, et al., 1997:248). This kind of formal communication is mostly directive and helps to co-ordinate the activities at different levels of the organisation by informing employees about what they have to do to reach organisational goals (Marriner-Tomey, 1988:243). According to Rensburg (1996:104), messages sent through the downward communication channel have five goals, namely to provide the following:

- a) Specific instructions on how to do the work.
- b) Information that provides a rational reason for the task to be done.
- c) Information with regard to organisational policies, procedures and practises.
- d) Feedback to employees with regard to their performance.
- e) Philosophical information regarding the mission of the organisation, as well as orientation with regard to the goals of the organisation.

- *Upward communication*

The management of an organisation also needs feedback on how a message is accepted in the organisation and how instructions were carried out. Sometimes situations occur where employees want to communicate a message to a figure of authority in the organisation (Rensburg, 1996:104). Upward communication provides the channel and motivation to employees to give input in the organisation (Marriner-Tomey, 1998:244). The manager, at a certain level in the organisation, can summarise the communication from employees and send it to higher levels of management for further decision-making. Upward communication mostly takes place via the same channels as downward communication.

- *Lateral communication*

Lateral or horizontal communication takes place between members of the organisation that function on the same level of hierarchy. According to Baskin et al. (1997:249), the need for lateral communication increases as the level of interdependency increases, for example when one employee has started a project and it must be finished by another employee on the same level. According to Kreps (1990:204) there are four important organisational functions of lateral communication:

- a) It facilitates the co-ordination of tasks by enabling employees to develop effective interpersonal relationships.
- b) It provides a channel through which relevant organisational information can be shared between co-workers.
- c) It is a formal channel for problem resolution and conflict management between co-workers.
- d) It enables co-workers to support each other.

The grapevine and diagonal communication are forms of informal communication in the organisation (Marriner-Tomey, 1988:245).

- *Diagonal communication*

This kind of informal communication takes place between employees or departments that do not function on the same hierarchical level. This is common in task organisations during meetings where representatives of different levels meet, or where communication flows in more than one direction at a time.

- *The grapevine*

This kind of communication is not prescribed by the organisation and the route of the informal flow of information cannot be predicted (Bredenkamp & Rensburg, 1991:16). According to Rensburg (1999:106), this channel is used to communicate gossip, as well as important information with regard to promotions, salaries, employee changes and changes in organisational policy. Since grapevines are not formal or structured and there is no source to hold responsible, employees do not need to explain to authority figures why they distributed the wrong information. Researchers hold the opinion that managers can improve teamwork, loyalty to the organisation, motivation and performance, if they learn to use the grapevine correctly (Rensburg, 1996:106).

According to Kreps (1990:201), there is an interesting relationship between the formal and informal flow of information. The less formal the channels used, the more people depend on informal grapevines. Thus, the opposite conclusion can be made: the more employees' information needs are met through formal information flow, the less they will turn to grapevines. The ideal is for the organisation to meet the information needs of the employees, in order to prevent uncertainty and inaccuracies, which are typical of messages distributed through grapevines.

In addition to vertical and lateral channels of information, communication can also take place through networks of communication within the organisation (Rensburg, 1996:107). Awareness of the potential networks in organisations might provide insight into which information is received by which employees in the organisation. Knowledge about internal communication channels and the open system organisation plays an important role in supporting communication planning and communication management.

Effective internal communication also ensures that the organisation as an open system functions effectively and that the system remains in homeostasis. Without internal communication, inputs and outputs cannot be delivered. Neither can transformation within and interdependency between subsystems, as well as integration of organisational functions, take place. The methods used in, and results from, the investigation of the internal communication of the hospital are discussed next.

4. METHODOLOGY

4.1 General

In order to attain the objectives of the study, a literature study was firstly done concerning HIV/AIDS policies, internal communication, communication planning and communication management, policy implementation and diversity as a factor that influences internal communication (see 3, above).

As explained above, the systems theory was used as a point of departure, because of the fact that an organisation should, in order to follow an integrated approach to communication management and communication planning, be seen as a system that has a dynamic exchange relationship with the environment in which it functions (Claasen & Verwey, 1998:74).

The empirical research was done in both a qualitative and quantitative way. The reason for this is that qualitative interviews were conducted to buttress the quantitative questionnaires. According to Knox (1995:60) it is rewarding to use both methods as triangulation because this leads to a greater expansion of the study. It can initiate new ways of thinking that would enable the researcher to confirm and support certain aspects of the collected data.

4.2 Questionnaires

In order to attain the objectives set out earlier, the questionnaire had three sections. In the first section of the questionnaire, the demographical information of the respondent was obtained. In the second section, where a mark out of fourteen was awarded, the respondent's knowledge of the content of the hospital's HIV/AIDS policy was tested. Basic questions, concerned with the principles included in the policy, were asked in order to determine to what extent the respondents were familiar with the content of the HIV/AIDS policy. The terminology and wording of the questions in this section exactly mirror those of the HIV/AIDS policy of the hospital, in order to determine whether the staff would be able to understand the policy's wording.

The third section focused on the manner in which the existing policy was communicated. Questions were asked to determine the respondents' view of the communicating of the policy in the hospital, whether the respondents were included in the development of the policy and what other suggestions the respondents might have.

In order to ensure reliability, that is, to improve on the consistency of the measurement and to ensure that the instrument is as correct and consistent as possible (Uys, 2003:122), the questionnaire was drawn up in conjunction with the Head of Infection management as well as the personnel officer of the hospital. Two volunteers of the service health workers also read through the questionnaire to determine whether the questions were comprehensible. For face validity it was important that the questionnaire be tailored to the needs of the subjects for whom it was intended (see Bless & Higson-Smith, 1995:139). Staff of the Department of Statistical Consultation Services of the P.U. for C.H.E. also approved the questionnaires. They had to express their opinion as to whether the measuring instrument measures what it is supposed to measure (Rossouw, 2003:124).

To ensure that a representative sample of both the nursing and service health workers was used for the distribution of the questionnaires, a complete list of all staff members was obtained. It was decided that a stratified sample from the two staff groups, would be drawn in order to ensure that the two subgroups from the total population are equally represented (Du Plooy, 1995:58).

With the aid of the staff list it was determined that the total population (nursing and maintenance staff) is 178 (132 were nursing staff and 46 maintenance staff). With the aid of De Vos's table (1998:192), it was determined that 38% of a population of 178 should be selected in order to make the study reliable. Thus, 50 nursing staff members and 20 maintenance staff members were chosen.

Two separate alphabetical lists were compiled, one for the nursing and one for the maintenance staff. On the table of random numbers (Babbie, 1990: A27), the number 79 was chosen, and thus the seventy-ninth person on the alphabetical list of nursing personnel was identified as the first person to whom a questionnaire would be given. After that every third person was identified until 50 nursing staff members were drawn in the sample. The same procedure was followed to randomly select 20 maintenance staff members from the list (Babbie, 1990:A27).

4.3 Interviews

The interviews were conducted with key members of every division of the hospital (known as the staff forum), firstly to determine their views on the existing HIV/AIDS-policy and the way it is communicated, and secondly to get their suggestions concerning the implementation of the policy. The interviews were semi-structured and were conducted with the aid of a list of questions.

4.4 Analysis

All statistical processing was done on the SAS System for Windows 2000, a statistical processing programme. Descriptive statistics (frequencies, percentages) were used. The reason for this is that the objective of descriptive statistics in general is to organise, summarise and present collected data by means of frequencies in order to apply the data in answering research questions (Richards & Lacava, 1983:41). According to Diamantopoulos and Schlegelmilch (1997:84), descriptive statistics can contribute to identifying the most important characteristics of the sample population.

Firstly, the basic frequency of every question that was answered (except for the last question) was presented. This was done to determine how many of the respondents were involved in developing the policy, how much of the information concerning the policy they received in their mother tongue, and the basic frequencies of the demographical information.

Secondly, the second section of the questionnaire, which was composed in the form of a test about the policy's content, was marked. The result of this test was compared with the demographical information by means of variance analysis, which, according to Peck (2001:753), is focused on determining the similarities between the mean scores of more than two populations. This was done to determine what the average results of staff members were on different levels of education. These differences were organised with the aid of Tukey's intervals (Ott, 2001:444), after which the T-test (Steyn, 1999:3) was applied to determine whether the differences were statistically meaningful.

The differences between the mean scores obtained by the nursing and the maintenance staff were compared by means of the T-test (Diamantopoulos & Schlegelmilch, 1997:184) to determine whether the differences were statistically meaningful. If the result of such a test is statistically meaningful, it suggests that there is a big enough difference between the two compared components to make a reliable generalisation (Diamantopoulos & Schlegelmilch, 1997:184).

The section in the questionnaire concerned with communication management was compared with the demographic information, where a distinction is made between staff members at different job levels, levels of education and mother tongue by means of descriptive statistics. This was done to determine the characteristics of the staff members who were dissatisfied with the communication of the HIV/AIDS policy, as well as to determine what staff members' communication needs were.

5. FINDINGS AND CONCLUSIONS

5.1 Demographical information

The mother tongues of the respondents were as follows: Afrikaans-speaking (59%), Tswana-speaking (34%), English-speaking (1%) and other (6%). Half the respondents (50%) had some form of tertiary education (Diploma: 33%; Degree: 17%), while the rest had high school education, and only 4 had only primary school education. It was determined that the policy documents were only available in Afrikaans. One document, which contains principles for preventing contact with blood and bodily fluids, is only available in English. A large percentage (40%) of the staff have thus not received information about HIV/AIDS or the policy documents in their mother tongue. This also means that no accommodation for the diversity in the organisation was made in the communication of the policy. The policy should thus also be translated into Tswana. The communication planner must be aware of the diversity that exists with regard to education levels in the hospital. The fact that 50% of the respondents only have a school education requires that the policy should be simplified and that difficult terminology should be explained. (Words like sputum, Retovir and incineration are used.) The nature of the message that staff members would understand, as well as the choice of media, must also be thoroughly researched.

5.2 Findings concerning the HIV/AIDS policy

This section of the questionnaire was designed to be a content test. The test has fourteen questions on general policy information (as stipulated in the hospital's HIV/AIDS policy) and every respondent earned a mark out of fourteen. It was clear that the language of the policy is not user-friendly and that the respondents in general do not understand the policy, seeing that the wording and language usage in this section exactly mirrors that of the hospital's HIV/AIDS policy.

Only 59% were aware that the policy exists, while 33% did not know it exists and 8% were unsure. All respondents acknowledged that they know what an HIV/AIDS policy is. These percentages illustrate that the communication in this regard is not effective. To implement an HIV/AIDS policy, the staff of an organisation must, at least, be aware of the fact that the policy exists.

The next fourteen questions tested the respondents' general knowledge about the content of the HIV/AIDS policy by using the nominal level. Since the main objective of the questionnaire was not to focus on the content of the HIV/AIDS policy, the results will only be discussed with the aid of, amongst other things, variance analysis. A comparison

was made between the marks obtained by staff members at different job and education levels by using variance analysis and the T-test.

The mean mark obtained by the nursing personnel who completed the questionnaire was 57%, while the mean obtained by the housekeeping personnel was only 38%. It is thus clear that there was no respondent who was fully informed of the HIV/AIDS policy. The highest mark obtained by any respondent was 71%. By applying the T-test (Diamantopoulos & Schlegelmilch, 1997:186), a result of 0.19 was obtained. The result was, however, larger than 0.05, which implies that there is not a statistical meaningful difference between the mean score obtained by the nursing and maintenance staff.

Both groups had poor test results. This implies that both groups are equally poorly informed about the policy's content and that there is a communication as well as an implementation problem concerning the policy with regard to both groups. Variance analysis was applied to the different levels of education of all respondents. Judging from the statistics, it is clear that the percentage of personnel who had tertiary education surpassed the rest by more than 10%. It is interesting to note that all the respondents who have a tertiary education passed the test (with a minimum of 50%). There is a noticeable difference between the minimum marks obtained by these two groups.

This difference in comprehension can be overcome by presenting the content of the policy in simpler terminology and wording to ensure that staff with no knowledge of the technical terms would also understand the policy.

It must, however, still be emphasised that the mean obtained by all three groups was poor and that this is probably a direct consequence of ineffective implementation and communication of the HIV/AIDS policy in the hospital.

5.3 Findings on communication management

This section of the questionnaire has the objective of determining the personnel's views on the communication of the HIV/AIDS policy as well as other AIDS-related issues. For all the questions, except the last question (where the respondent was invited to fill in his/her view on the communication), a nominal scale has been used. Of all the respondents, 39% indicated that they receive information on AIDS once a month, while 17% and 27%, respectively, indicated that they received AIDS information once or twice a year. 17% of the respondents did not answer this question. The fact that there was no definite choice made by the respondents in this regard implies that some departments in the hospital do not receive information about AIDS issues as

frequently as others. The fact that 17% of the respondents did not answer this question could imply that the personnel are unsure of how many times per year they receive structured information on HIV/AIDS issues. Communication concerning HIV/AIDS issues, as well as the HIV/AIDS policy, should therefore be more structured and distributed evenly throughout the hospital.

More than half the respondents (53%) indicated that they thought that AIDS communication in the hospital was not sufficient. The remaining 46% felt that it was sufficient. In further analysis of this finding it was found that the personnel who are satisfied with the HIV/AIDS communication are mostly nursing staff members who have received tertiary training and speak Afrikaans or English as their mother tongue.

However, the majority's communication needs concerning HIV/AIDS information are not satisfied. There is also a clear difference between the respondents who were satisfied with the communication and those who were not. The group who feels that the communication is inadequate consist mostly of Tswana- or English-speaking maintenance staff members who only had school education. Thus, diversity as a factor, which should influences internal communication, was not considered in this instance. The hospital did not address the majority's communication needs.

Meetings (30%) seem to be the medium used to inform most of the respondents about the policy. It is also indicated that 19% of the respondents were informed about the policy through newsletters and that 20% of the respondents were also notified by "other" means. "Other" in this case can also imply the HIV/AIDS information courses the hospital presents to new employees. There were, however, 20% of the respondents who did not answer this question.

Although there was an indication that different kinds of media were used to inform the personnel about the policy, it may be suggested that the media was not applied correctly, because so many staff members were dissatisfied with the communication of information concerning the HIV/AIDS policy. It may also happen that a medium such as a newsletter reaches a group of staff members who do not prefer that as a medium, or who cannot read the language used. The importance of research in determining the kind of medium to be used during the communication planning process is also emphasised here.

A majority of the respondents (74%) indicated that they were not involved in the development of the policy. According to Davies, Schneider, Rapholo and Everatt (1997:29) a policy should be developed in co-operation with employees at every job level in the organisation. Smart (1999:6) also noted that a policy could only be seen as successful if it was developed in co-operation with all affected parties. This may be the reason why the employees have not accepted ownership of the policy.

In the last question of the questionnaire, respondents were invited to air their views concerning the communication of the HIV/AIDS policy in the hospital as well as to make suggestions for its implementation. The following views were aired:

- There is definitely not enough communication concerning the HIV/AIDS policy.
- The employees are worried about the lack of proper employee benefits in the policy. Nothing is mentioned about compensation to family members if an employee should die of AIDS.
- The service health workers members in particular feel that they should get more training on HIV/AIDS matters. Some of them think that the hospital should also provide HIV/AIDS training services for the community.
- The majority of the respondents want to be part of the development of the policy and would like to have a say in policy matters.
- Many of the housekeeping personnel would like to receive the policy as well as information on the policy in their mother tongue.
- Meetings and information sessions were the respondents' preferred method of communication, with newsletters in second place.
- It was also frequently mentioned that the policy's key points should be made visible on posters outside wards.
- Many of the respondents indicated that they are satisfied with the content of the policy, but that they would like to know the HIV status of the patients they are working with.

It is clear that the personnel do not have proper knowledge of the policy's content. Only a certain group of the respondents' communication needs are met and the personnel are also not involved in the development of the policy, or the development of an internal communication plan for the implementation of the policy.

5.4 Findings based on the interviews

The data from the interviews was collected, transcribed, organised and analysed according to the approach of Marshall and Rossman (De Vos, 1998:342). Five stages of data analysis and organising were applied. These stages are the following: organising the data in a manageable format. This process was followed by the generating of categories, themes and patterns. Here the focus on the data was much more specific with the view to getting to the point of analysing the emerging hypotheses, as patterns and categories become more apparent in the data. One specific question in this phase of analysis was to what extent the data serves to begin to answer the research problem and research questions. The next phase deals with the possibilities of alternative analyses. Are there any alternative plausible explanations? The last phase of Marshall and Rossman's approach (De Vos, 1998:343) is about the actual research report-writing process.

The interviews were semi-structured and respondents were asked the following questions:
What do you think of the hospital's HIV/AIDS policy?
What do you think should change about the policy?
Do you think AIDS issues are sufficiently communicated?
What suggestions would you make in your department concerning the implementation of the HIV/AIDS policy?

The staff representatives of Wards A, B and C, the Maternity Ward, Emergencies and Theatre, as well as the head of Infection Management were interviewed.

The prevalent themes identified in the data collected during the interviews are the following: the availability of the policy in everyone's mother tongue, the usage of more easily understandable terms in the policy and the utilisation of different communication channels such as verbal information sessions. They also felt that the policy of the hospital should cater more for the safety of the employees, for instance, by means of employee benefits.

It was clear that the staff representatives were not aware of the fact that the personnel were generally poorly informed about the content of the policy. In conclusion, it can be said that communication should be improved in the hospital and that there is a clear lack of feedback concerning the communication of the HIV/AIDS policy. Diversity as a factor that influences internal communication is also clearly not taken into account.

5.5 Addressing the research questions and objectives of the study

The findings of the empirical study indicated that both the staff at the nursing as well as the maintenance levels were ill-informed regarding the contents of the HIV/AIDS policy.

The majority of respondents indicated that issues concerning the policy as well as HIV/AIDS information are not communicated sufficiently. The majority of the respondents were satisfied with the content of the policy, although they were concerned about issues relating to employee benefits and the disclosure of patients' HIV/AIDS status for the protection of employees.

The only recommendations which were mentioned were the following: the policy should be phrased in a simpler way, it should be available in everybody's mother tongue, more oral information sessions should be held and written information should be readily available throughout. The message would thus have to be conveyed to the employees in the right manner to receive their desired attention. As a system in this case, the input

far exceeds the output because the desired results were not achieved. This system thus is not balanced.

6. RECOMMENDATIONS: COMMUNICATION MANAGEMENT AND POLICY

This study was undertaken from the central theoretical statement that it is important for all hospitals in South Africa to have an internal communication plan for the implementation of an HIV/AIDS policy, in order for personnel at all levels of the hospital to be well-informed about issues concerning the AIDS virus, as well as the implications of the implementation of the policy.

If a hospital develops an internal communication plan based on the twenty-step communication planning process of Long and Newbold (1997:72), it will also function optimally as a system. In this case the organisation's internal communication, as a subsystem, will stimulate and improve the interdependency and interactivity between the system's different components. According to Long and Newbold (1997:82), the development of a communication strategy also includes feedback routes, which will enhance the two-way communication between the components, and eventually improve the balance of the system. This is essential for the organisation's growth and survival.

If a hospital wants to function effectively as an open system, it is necessary to view the implementation of the HIV/AIDS policy against the backdrop of the corporate environment of private hospitals in South Africa in particular. They are committed to rendering services of excellent quality, and should thus be managed as a corporate organisation.

Someone should be appointed expressly to be responsible for the effective management of internal and external communication in the hospital. In the case of a small hospital, the manager could also act as a communication officer. All components of the hospital can only be integrated to render a high-quality service and function as a balanced open system if communication in the organisation is managed effectively.

As a corporate organisation, the hospital should see its employees as its greatest asset. This implies that proper care and training of the organisation's employees will result in improved efficiency and quality concerning the hospital's services.

Taking into account the findings of the study, the conclusion can be drawn that an effective internal communication plan will take into account the diversity of personnel concerning language, culture and levels of education. An effective internal communication plan will keep the personnel at all levels of the hospital well-informed of the content of the HIV/AIDS policy. This will improve preventative measures concerning HIV/AIDS in

the hospital, as well as the safety of personnel and patients. Provision should also be made for the training of new personnel on the HIV/AIDS policy and the hospital's procedures and measures concerning HIV/AIDS.

The communication plan should provide for involving the personnel through interactive sessions in the development of the HIV/AIDS-policy in order to obtain ownership. Furthermore, the communication manager should monitor the communication plan with the aid of identified feedback routes. In this way, the plan can constantly be improved and adapted within a changing environment, which is a characteristic of an interactive open system. Adaptation and change are two important characteristics of an open system in order for the system to survive.

The internal communication plan for the implementation of the HIV/AIDS policy should be structured in such a way that it can be implemented repeatedly. The complete plan can be implemented on an ongoing basis, with short information sessions every semester, for instance. In this way information on the HIV/AIDS policy will be communicated in a more structured way.

The policy can also be presented more visually. Posters with key aspects of the policy can be displayed, for instance, in the theatre and staff rooms of every department. This will allow the personnel to refer to the policy if they are not sure about something. This will generally also increase the personnel's awareness of the existence of such a policy. A policy as such provides managers and personnel with directions on how to act within the framework of the organisational climate and philosophy. A policy is thus valuable for all involved parties, because it results in the stability of action (Du Plessis, 1994:96).

According to Level and Galle (1988:264), a policy should be action-oriented, set a standard for problem solving, be consumer-friendly, flexible and dependent on communication as a driving force for implementation.

From the above statement, it can be concluded that a policy will not result in action if it is not communicated correctly. The communication planning process as regards policy implementation is thus of the utmost importance and the different aspects of the policy should especially be integrated with the internal communication context of the specific organisation. According to Cutlip, Center and Broom (1994:209), an organisation such as a hospital consists of different interactive levels (or subsystems) and every level's employees have different communication needs that should be taken into account concerning policy implementation.

When the communication management takes the communication needs of the different employees into account with policy implementation, it will mean that the policy

development process, as well as the communication development process for the implementation of the policy, involves employees at all levels in the organisation. A policy that complies with these demands is proactive, inclusive, approachable and transparent and promotes shared responsibility (Anon., 2000).

A proactive HIV/AIDS policy should provide guidelines to the hospital's management and employees at every level on how they should act preventatively with minimal risk concerning this virus. The HIV/AIDS policy will only meet its objectives if it is communicated effectively to all levels and if this communication initiative is managed correctly.

It is clear from the above findings that policy development should be managed within a corporate communication perspective, in order to implement the policy successfully within the organisation. It can thus be concluded that an HIV/AIDS-policy should be a special document that sets guidelines for preventative actions against HIV/AIDS in the organisational context. This alone, however, is not enough. Communication management in all policy development situations is necessary for effective application and implementation. Simeka (2001:1) emphasises that communication management plays a very important role in strategic planning, organisational design, system design, monitoring, and evaluation during policy development.

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